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<p>(54) Title: METHODS FOR GENERATING ANTIGEN-REACTIVE T CELLS <i>IN VITRO</i></p> <p>(57) Abstract</p> <p>The present invention provides methods for generating antigen-reactive T cells <i>in vitro</i> comprising priming immune cells and incubating the primed immune cells <i>in vitro</i> with a non-covalent complex of an heat shock protein and an antigenic molecule. The present invention further relates to methods for generating antigen-reactive CD4+ T cells for immunotherapy. Methods and compositions are also disclosed for the treatment and prevention of cancer or infectious disease in a subject comprising administering to the subject MHC matched antigen-reactive T cells that are generated <i>in vitro</i> by the present methods.</p>		

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METHODS FOR GENERATING ANTIGEN-REACTIVE T CELLS IN VITRO

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the invention.

1. INTRODUCTION

10 The present invention relates to methods for
generating T cells reactive to an antigenic molecule
(antigen-reactive T cells) for use in immunotherapy for the
treatment and prevention of cancer and infectious diseases.
The methods involve immunizing an animal and incubating the
immune cells in vitro with a non-covalent complex of a heat
15 shock protein (HSP) and an antigenic molecule. Methods for
pulsing antigen presenting cells and/or immune cells with
HSP-antigen complexes for the generation of CD4+ antigen-
reactive T cells are provided. Methods and compositions are
also provided for the treatment and prevention of cancer or
20 infectious disease in a subject comprising administering to
the subject antigen-reactive T cells that are expanded in
vitro by the present methods.

2. BACKGROUND OF THE INVENTION

25 2.1 IMMUNITY AND IMMUNIZATION

The immune system protects a host against pathogens by
mounting an immune response which is specific to an antigen
of an invading pathogen. The objective of immunization is to
elicit an early protective immune response by administering
to the host an attenuated pathogen, or an antigen associated
30 with a pathogen. This approach has been implemented
successfully to prevent a variety of infectious diseases,
such as polio, tetanus and diphtheria.

Immunization may be accomplished passively by administering either preformed immunoreactive serum or cells; or actively by presenting a suitable antigenic stimulus to the host's immune system.

5 Passive immunization is useful for a host who cannot produce antibodies, or for those who might develop disease before active immunization could stimulate antibody production. However, antibodies produced following some infections, particularly those due to mycobacteria, fungi,
10 and many viruses, are not effective in protecting against the infection. Rather, the action of lymphocytes and macrophages largely determines recovery from these diseases.

Active immunization may be achieved with either viable or non-viable antigenic agents. Viable agents are generally preferred because the immune response provoked is more
15 reliable and long-lived. However, viable vaccines may cause serious illness in an immunologically incompetent host, such as patients receiving corticosteroids, alkylating drugs, radiation or immunosuppressants. The use of attenuated strains always carries the risk that the attenuated agent may
20 recombine with host DNA and mutate into a virulent strain. See generally, Ada, G.L., 1989, Chapter 36, in Fundamental Immunology, 2nd edition, ed. Paul W.E., Raven Press, New York, pp. 985-1032; Cohen, S.N., 1987, Chapter 37, in Basic and Clinical Immunology, 6th edition, ed. Stites, Stobo and Wells, Appleton and Lange, pp. 669-689.
25

2.2 THE IMMUNE RESPONSE

Cells of the immune system arise from pluripotent stem cells through two main lines of differentiation: a) the lymphoid lineage producing lymphocytes (T cells, B cells,
30 natural killer cells), and b) the myeloid lineage (monocytes, macrophages and neutrophils, as well as accessory cells including dendritic cells, platelets and mast cells). In the

circulatory system and secondary lymphoid organs of an adult animal, lymphocytes recirculate and search for invading foreign substances.

Pathogens and antigens tend to be trapped in secondary lymphoid organs, such as the spleen and the lymph nodes, where antigens are taken up or "captured" by antigen-presenting cells (APCs). The antigen presenting cells serve to display peptides and antigens to the immune cells by placing these peptides on the surface of the APC in association with a major histocompatibility complex (MHC) molecule. The process of antigen capture may occur by phagocytosis of exogenous proteins or by directed transport of proteins within the cell. Alternately, antigens may be derived from proteins synthesized within the cell. Next, antigens are processed into antigenic peptides by proteolytic degradation within the APC. The antigenic peptides are further complexed with a MHC molecule for presentation at the cell surface. Once an antigenic peptide is displayed by an MHC molecule on the antigen presenting cell (APC) surface, a cell-mediated immune reaction may follow which requires an interaction between the APC and a T cell. This interaction can trigger several effector pathways, including activation of T cells, and stimulation of T cell production of cytokines.

Interaction of an APC with a T cell is determined by several major components. These components include a) the T cell surface marker, b) the class of MHC molecule, and c) the T cell receptor (TCR).

T cells can be subdivided by their expression of surface markers CD4 and CD8. T cells expressing CD8 are often known as suppressor or cytotoxic cells. T cells expressing CD4 are often known as helper or inducer T cells. However, the CD8/CD4 dichotomy refers to the pattern of MHC association and antigen recognition. The CD8/CD4 nomenclature does not

distinguish between cytotoxic and non-cytotoxic cells. The CD4 molecule binds to conserved structures of the class II MHC molecule. The CD8 molecule binds to conserved structures of class I MHC molecule.

- 5 The second factor important in APC/T cell interaction is the MHC. As indicated *supra*, the CD4 and CD8 molecules bind to the conserved structures of class II and class I MHC molecules, respectively. Class I and class II MHC molecules are the most polymorphic proteins known and play a major role in the immune system in the recognition of self and non-self.
- 10 The heterogeneity of MHC molecule is observed at the level of haplotype or the combination of classes I and II MHC molecules encoded on a single chromosome. In the human, three distinct genetic loci designated, HLA-A, HLA-B and HLA-C, have been identified encoding class I molecules.
- 15 Similarly, the three distinct loci encoding class II MHC molecules include HLA-DP, HLA-DR, and HLA-DQ. The multiple loci of MHC genes contribute to the complexity of self and non-self recognition process.

- The third component important in APC/T cell interactions
- 20 is the T-cell receptor (TCR). The TCR is responsible for the antigenic specificity of the T cell, and may only bind antigenic peptide that is associated with the polymorphic determinants of an MHC. Because the binding of the T-cell receptor is specific for a complex comprising an antigenic peptide and the polymorphic portion of the MHC molecule, T
- 25 cells may not respond or respond poorly when an MHC molecule of a different genetic type is encountered. This specificity of binding results in the phenomenon of MHC-restricted T-cell recognition and T-cell cytotoxicity.

- In pathogen-infected cells, proteins of the pathogens
- 30 are degraded inside the cell. Some of the resulting peptides are transported into the lumen of the endoplasmic reticulum and may form complexes with class I MHC molecules. It has

been previously shown that the pathogenic antigens can be chaperoned by heat shock proteins into the endogenous pathway whereby antigenic peptides become associated with the MHC molecules (Suto et al., 1995, Science 269:1585-1588;

5 Srivastava et al., 1994, Immunogenetics 39:93-98). These peptide-MHC complexes are then transported to and accumulate on the cell surfaces, where they are recognized by receptors on T cells (Yewdell et al., 1992, Adv. Immunol. 52:1-123; Bevan, 1995, J. Exp. Med. 182:639-641).

10 T lymphocytes (T cells) are the critical regulatory and effector cells of the adaptive immune system. T lymphocytes develop and undergo selection in the thymus, and then mature into functional T cells in the tissues after receiving a series of signals. Early signals are triggered by specific antigen-MHC complexes on the surface of antigen-presenting
15 cells (APC). The later signals may be provided by cytokines produced by CD4+ helper T cells, such as interferon- γ , and interleukin-2 (IL-2), interleukin-4 (IL-4), interleukin-7 (IL-7) and interleukin-12 (IL-12).

20 2.3 ADOPTIVE IMMUNOTHERAPY OF CANCER

Studies with experimental animal tumors as well as spontaneous human tumors have demonstrated that many tumors do express antigens that can induce an immune response. Some antigens are unique to the tumor, and some are found on both
25 tumor and normal cells. Several factors can greatly influence the immunogenicity of the tumor induced, including, for example, the specific type of carcinogen involved, and immunocompetence of the host and latency period (Old et al., 1962, Ann. N.Y. Acad. Sci. 101:80-106; Bartlett, 1972, J Natl Cancer Inst 49:493-504). It has been demonstrated that
30 T cell-mediated immunity is of critical importance for rejection of virally and chemically induced tumors (Klein et al., 1960, Cancer Res. 20:1561-1572; Tevethia et al., 1974,

J. Immunol. 13:1417-1423). The cytotoxic T cell response is the most important host response for the control of growth of antigenic tumor cells (Anichimi et al., 1987, Immunol. Today 8:385-389).

5 Adoptive immunotherapy of cancer takes the therapeutic approach, wherein immune cells with an antitumor reactivity are administered to a tumor-bearing host, with the objective that the immune cells cause either directly or indirectly, the regression of an established tumor. Immunization of
10 hosts bearing established tumors with tumor cells or tumor antigens has generally been ineffective since the tumor is likely to have elicited an immunosuppressive response (Greenberg, P.D., 1987, Chapter 14, in Basic and Clinical Immunology, 6th ed., ed. by Stites, Stobo and Wells, Appleton and Lange, pp. 186-196). Thus, prior to immunotherapy, it
15 has been necessary to reduce the tumor mass and deplete all the T cells in the tumor-bearing host (Greenberg et al., 1983, page 301-335, in "Basic and Clinical Tumor Immunology", ed. Herbermann RR, Martinus Nijhoff).

Animal models have been developed in which hosts bearing
20 advanced tumors can be treated by the transfer of tumor-specific syngeneic T cells (Mulé et al., 1984, Science 225:1487-1489). Investigators at the National Cancer Institute (NCI) have used autologous reinfusion of peripheral blood lymphocytes or tumor-infiltrating lymphocytes (TIL),
25 T cell cultures from biopsies of subcutaneous lymph nodules, to treat several human cancers (Rosenberg, S.A., U.S. Patent No. 4,690,914, issued September 1, 1987; Rosenberg et al., 1988, N. Engl. J. Med., 319:1676-1680). For example, TIL expanded in vitro in the presence of IL-2 have been
adoptively transferred to cancer patients, resulting in tumor
30 regression in select patients with metastatic melanoma. Melanoma TIL grown in IL-2 have been identified as activated T lymphocytes CD3+ HLA-DR+, which are predominantly CD8+

cells with unique *in vitro* antitumor properties. Many long-term melanoma TIL cultures lyse autologous tumors in a specific class I MHC molecule and T cell antigen receptor-dependent manner (Topalian et al., 1989, J. Immunol.

5 142:3714).

Application of these methods for treatment of human cancers would entail isolating a specific set of tumor-reactive lymphocytes present in a patient, expanding these cells to large numbers *in vitro*, and then putting these cells back into the host by multiple infusions. However, the
10 methods of Rosenberg for generating tumor-reactive lymphocytes require the use of intact irradiated tumor cells with potential broad antigen specificity, as a source of stimulation of lymphocytes. Additionally, since T cells expanded in the presence of IL-2 are dependent upon IL-2 for
15 survival, infusion of IL-2 after cell transfer prolongs the survival and augments the therapeutic efficacy of cultured T cells (Rosenberg et al., 1987, N. Engl. J. Med. 316:889-897). However, the toxicity of the high-dose IL-2 and activated lymphocyte treatment has been considerable,
20 including high fevers, hypotension, damage to the endothelial walls due to capillary leak syndrome, and various adverse cardiac events such as arrhythmias and myocardial infarction (Rosenberg et al., 1988, N. Engl. J. Med. 319:1676-1680). Furthermore, the demanding technical expertise required to
25 generate TILs, the quantity of material needed, and the severe adverse side effects limit the use of these techniques to specialized treatment centers.

Despite the teachings of Rosenberg, severe deficiencies exist in the art regarding methods of cellular immunotherapy. In many instances, it is not possible to generate tumor cell
30 line. Thus, it would be desirable to have a method for generating a large number of activated/stimulated T cells reactive to any antigen or a large repertoire of antigens

without reliance on intact tumor cells, which would have the convenience of *in vitro* culture.

The process of T cell priming is poorly understood for most purposes. There have been occasional reports of priming
5 of antigen-specific T cells *in vitro* (Steel and Nutman, 1998, J. Immunol. 160: 351-360; Tao et al., 1997, J. Immunol. 158:4237-44; Dozmorov and Miller, 1997, Cell Immunol. 178:187-96; De Bruijn et al., 1991, Eur J Immunol. 21:2963-2970; De Bruijn et al., 1992, Eur J Immunol. 22:3013-3020; Houbiers et al., 1993, Eur J Immunol. 26:2072-2077; Nair et
10 al., 1997, Eur J Immunol. 27:589-597), however, they are restricted to instances where a higher expression of a given type of MHC I-peptide complex De Bruijn et al., 1991, Eur J Immunol. 21:2963-2970; Nair et al., 1997, Eur J Immunol. 27:589-597) or a particularly high avidity for
15 the MHC I-peptide-T cell receptor interaction has been achieved (De Bruijn et al., 1991, Eur J Immunol. 21:2963-2970).

20

3. SUMMARY OF THE INVENTION

The present invention relates to methods for generating antigen-reactive T cells *in vitro* that can be used for the prevention or treatment of a disease or disorder, such as infectious disease or cancer. In one embodiment, the present
25 invention relates to methods for generating antigen-reactive CD4+ T cells that can be used for the prevention or treatment of a disease or disorder, such as infectious disease and cancer. The methods of the invention provide CD4+ T cells that are capable of specifically killing or targeting antigenic cells, such as cancer cells or infected cells.
30 comprising an antigen with which the T cell has been stimulated.

The invention provides methods for generating T cells reactive to an antigen comprising immunizing an animal and incubating the immune cells *in vitro* with a non-covalent complex of heat shock protein and an antigenic molecule. In various embodiments, the invention provides immune cells used in the methods of the invention that are enriched for CD4+ T cells or antigen presenting cells.

Alternatively, in another embodiment immune cells that are primed/immunized *in vitro* can also be used. In various embodiments, antigenic cells are used as a source of antigenic molecule and/or HSP-antigen complex by the methods of the invention. The antigenic cells can be cancer cells or cells infected with a bacteria, fungus, parasite, or a protozoan. The invention further provides for the use of antigenic cells which expresses recombinant antigenic molecule or which have been infected *in vitro* with a pathogen or which have been transformed *in vitro*.

The invention provides the use of HSP-antigen complexes comprising a heat shock protein which is non-covalently complexed to an antigenic molecule. Specifically, the invention provides for the use of HSP60, HSP70, HSP90, HSP100, gp96 or a member of the small heat shock protein (sHSP) family.

Methods are provided for stimulating and/or restimulating immune cells with a non-covalent complex of an HSP and an antigenic molecule. In one embodiment, the immune cell stimulation and/or restimulation result in antigen-reactive CD4+ T cells.

The invention provides methods of recovering antigen-reactive T cells from culture.

Further, the invention provides methods of treating or preventing a disease or disorder in a subject comprising generating T cells reactive to an antigenic molecule by a method of the invention and administering an effective amount

of the antigen-reactive T cells to the subject. In a preferred embodiment, the T cells and antigenic cells have at least one MHC allele in common. In a more preferred embodiment, the T cells and the antigenic cells have more than one MHC allele in common. In most preferred embodiment, the method of the invention uses immune cells and antigenic cells from the same human.

4. BRIEF DESCRIPTIONS OF DRAWINGS

FIGURE 1, FACS analysis using CD4 antibody and CD8 antibody of immune cells following stimulation and restimulation with Meth A cell lysate. The X and Y axes represent respectively the Fluorescent signal strength corresponding to the amount of CD8 and CD4 on the cell.

FIGURE 2, Time course of proliferation response of immune cells treated with Meth A cell lysate as measured by incorporation of ³H-thymidine (counts per minute, c.p.m.).

FIGURE 3, Inhibition of proliferation response by incubation of monoclonal antibodies with *in vitro* cultured cells.

FIGURE 4, Interferon-gamma (IFN γ) secretion of T cells in the absence or presence of Meth A lysate.

FIGURE 5, Proliferation response of immune cells incubated with lysates from Meth A cells, CMS5 cells, or P815 cells, as measured by ³H-thymidine incorporation (counts per minute, c.p.m.).

FIGURE 6, Interleukin-5 (IL-5) secretion by T cells in response to gp96.

FIGURE 7, Inhibition of Interleukin-5 (IL-5) secretion by antigen-reactive T cells in response to Meth A cell lysate by monoclonal antibodies to CD4, CD8, I-Ad, and IEd.

5 FIGURE 8, Inhibition of Interleukin-5 (IL-5) secretion by antigen-reactive T cells in response to gp96 by incubation monoclonal antibodies to *in vitro* cultured cells.

10 FIGURE 9, Interleukin-5 (IL-5) secretion by antigen-reactive T cells generated by antigen presenting cells treated with Chloroquine or Paraformaldehyde.

FIGURE 10, MHC restrictions of the immune cell proliferation response.

15 5. DETAILED DESCRIPTION OF THE INVENTION

Antigen-reactive T cells are antigen-specific effector cells that are important in resisting pathogens, cancer and allograft rejection. Antigen-reactive T cells which are CD8+, recognize antigen presented by class I MHC molecules. 20 Class I MHC molecules are expressed by almost all cell types. Antigen-reactive T cells which are CD4+, recognize antigen presented by class II MHC molecules. Class II MHC molecules are expressed in a variety of cell types including dendritic cells, endothelial cells, monocytes, macrophages, and 25 lymphocytes. The ability of antigen-reactive T cells to kill target cells is restricted by antigenic and genetic factors. For lysis of target cells, the target cells must carry the same antigen that originally induced the stimulation of the T cells, and the same class MHC molecule as the T cells.

30 The present invention relates to methods for generating T cells reactive to an antigen (herein synonymous with "antigen-reactive T cells") that can be used in the prevention or treatment of a disease or disorder, such as

infectious disease and cancer. The inventor of the present invention discovered a method for expanding T cells reactive to an antigenic molecule, *in vitro*, by incubating immune cells, comprising T cells and antigen presenting cells with a substantially purified non-covalent complex of heat shock protein and an antigenic molecule. This invention was made possible by the surprising discovery that heat shock proteins can form non-covalent complexes with CD4+ T cell epitopes.

In one embodiment, the immune cells are obtained from an animal immunized with a molecule displaying the antigenicity of said antigenic molecule, whereby T cells reactive to the antigenic molecule are generated. In a specific embodiment, the T cells reactive to an antigenic molecule are generated by (a) immunizing an animal with an antigenic molecule; (b) obtaining a composition comprising immune cells from the animal, said immune cells comprising T cells and antigen presenting cells; and (c) incubating the immune cells *in vitro* with a substantially purified non-covalent complex of a heat shock protein and a molecule displaying the antigenicity of said antigenic molecule, whereby T cells reactive to the antigenic molecule are generated.

In an example of one embodiment, T cells reactive to an antigenic molecule are generated by a) priming immune cells *in vivo*, b) pulsing antigen presenting cells (APCs) with HSP-antigen complex *in vitro*, and c) co-culturing APCs with CD4+ T cells. These methods lead to the stimulation, proliferation and maturation of a specific set of antigen-reactive T cells, specifically CD4+ antigen-reactive T cells.

Further, HSP-antigen complex and APCs may be added multiple times to the *in vitro* cultures in order to restimulate antigen-reactive T-cell proliferation. The antigen-reactive T cells generated by the methods of the invention are capable of specifically targeting, killing, or causing lysis of the cancer cells, infected cells, or other

target cells as the case may be, or any cells bearing the same antigens and similar MHC molecules with which the T cells are prepared. The antigen-reactive T cells of the invention may also secrete one or more cytokines, such as IL-2, IFN- γ , TNF- β , IL-4, IL-5, IL-6, IL-9, IL-9, IL-10, IL-3, or GM-CSF.

The antigen-reactive T cells can be administered in vivo autologously (*i.e.*, to the same individual from which the T cells (or parental cells to the T cells) were originally obtained) or sygeneically (*i.e.*, to an identical twin of the individual from which the cancer or infected cells were initially obtained); or allogeneically to an individual who shares at least one common MHC allele with the individual from which the antigenic cells and T cells were originally obtained.

As used herein, the term "antigenic cells" refers to any cells, preferably cancer cells or infected cells, which can elicit an immune response in a subject. The sources of antigenic cells, and methods of preparation of antigenic cells for use in the present methods are discussed in section 5.1.

As used herein, "immune cells" are a mixture of cells comprising T cells and antigen presenting cells. The antigen presenting cells include but are not limited to macrophages, dendritic cells, and/or B cells.

The term "priming" as used herein includes the process of immunization *in vivo*, as well as the process of immunization *in vitro*. The process of immunization *in vivo* includes, but is not limited to immunizing a live animal with a) the same heat shock protein (HSP) preparation that is subsequently used for *in vitro* stimulation of APCs or primed immune cells, b) irradiated antigenic cells, and c) a lysate or extract of an antigenic cell. The process of immunization *in vitro* may be performed by a variety of methods including

but not limited to the dendritic cells pulsed with antigens (Steel and Nutman, 1998, J. Immunol. 160: 351-360; Tao et al., 1997, J. Immunol. 158:4237-44; Dozmorov and Miller, 1997, Cell Immunol. 178:187-96; Inaba et al., 1987; J Exp Med. 5 166:182-194; Macatonia et al., 1989; J Exp Med. 169:1255-1264; De Bruijn et al., 1992, Eur J Immunol. 22:3013-3020), RMA-S cells (mutant cells expressing high numbers of 'empty' cell surface class I MHC molecules) loaded with peptide (De Bruijn et al., 1991, Eur J Immunol. 21:2963-2970; 10 De Bruijn et al., 1992, Eur J Immunol. 22:3013-3020; Houbiers et al., 1993, Eur J Immunol. 26:2072-2077) and macrophage phagocytosed-peptide loaded beads (De Bruijn et al., 1995, Eur J Immunol. 25:1274-1285), and osmotically stressed antigenic cells (PCT publication WO 98/15616). Priming, therefore, results in the first exposure of naive immune 15 cells to an antigenic molecule.

The term "pulsing" as used herein refers to the process of exposing primed immune cells *in vitro* to HSP-antigen complex. An "HSP-antigen complex", as used herein, comprises a non-covalent complex of a heat shock protein and an 20 antigenic molecule. Sources of HSP-antigen complex include but are not limited to HSP preparations. Such preparations include a purified non-covalent complex of an HSP and an antigenic molecule (as described in section 5.4 *infra*), an HSP-antigen complex present in a cell lysate or extract, a 25 complex formed *in vitro* of HSP and an antigenic molecule. In a specific embodiment, the HSP-antigen complex is a substantially purified preparation. In another specific embodiment, the HSP is HSP60, HSP70, HSP90, HSP100, gp96 or a member of the small heat shock protein (sHSP) family (Kim et al., 1998, Nature 394:595-599). In another embodiment of the 30 invention, APCs are exposed to an HSP-antigen complex by the addition of a non-covalent complex of an HSP and antigenic molecule to *in vitro* cultured APCs.

According to the invention, cellular immunotherapy is carried out by obtaining antigenic cells and immune cells from one or more, preferably the same subject, and stimulating T cells within the immune cell population by the methods of the invention. This in vitro stimulation of T cells, followed by clonal expansion in cell culture of antigen-reactive CD4+ or CD8+ T cells, and administration of the antigen-reactive T cells into the subject, constitute a useful therapeutic and prophylactic strategy. When infused into the subject, antigen-reactive T cells of the invention can specifically target and/or directly kill target cells in vivo that bear the same antigen as the antigenic cells, thereby inhibiting cancer growth, or preventing or limiting the spread of the pathogen in the recipient.

In a preferred embodiment of the invention, the antigenic cells, and the T cells, and the recipient of the antigen-reactive T cells have the same MHC haplotype. In a preferred embodiment, the invention is directed to the use of autologous T cells stimulated in vitro with autologously-derived antigen for the treatment or prevention of cancer or infectious disease in the same subject from which the T cells (or preferably, all the immune cells) and antigen were originally derived. In a more preferred aspect, the immune cells and antigenic cells are isolated from a human subject in need of cellular immunotherapy.

In another embodiment of the invention, the T cells and the recipient have the same haplotype while the antigenic cells are allogeneic to the T cells and the recipient but matched at least one MHC allele, i.e., antigenic cells are used to activate T cells, which T cells are then administered to a recipient from which the T cells were originally obtained, and in which the antigenic cells and the T cells share at least one but not all MHC alleles.

In a least preferred embodiment of the invention, the antigenic cells, the T cells and the recipient are all allogeneic with respect to each other, but all have at least one common MHC allele shared among the antigenic cells, the T
5 cells and the recipient.

According to the invention, the methods for generating antigen-reactive T lymphocytes comprise priming live immune cells, pulsing the primed immune cells comprising APCs with HSP-antigen complex *in vitro*, and co-culturing the pulsed
10 cells with primed T cells. In one embodiment, the primed immune cells are enriched for APCs prior to pulsing. In another embodiment, the primed immune cells are separated to generate enriched or purified populations of T cells or APCs. In a specific embodiment, primed immune cells are separated
15 to generate enriched or purified populations of CD4+ T cells prior to pulsing. Co-culturing of pulsed cells with T cells lead to the stimulation of specific T cells which mature into antigen-reactive CD4+ T cells or antigen-reactive CD8+ T cells respectively.

Without limitation of the present invention to any
20 particular scientific model or mechanism, the results described herein suggest that pulsed immune cells comprising APCs are uniquely enabled to induce antigen-specific activation of CD4+ T cells *in vitro*.

In another embodiment of the invention, the methods may further comprise restimulation of the antigen reactive T
25 cells *in vitro*, by culturing the cells with feeder cells and irradiated antigenic cells, optionally in the presence of a composition comprising one or more cytokines (e.g., purified IL-2, Con A-stimulated spleen cell supernatant). *In vitro* restimulation of T cells by addition of APC and/or HSP-
30 antigen to the culture may be used to promote expansion of the T cell populations.

In yet another embodiment, the T cells are stimulated with irradiated spleen cells or APCs purified from peripheral blood as feeder cells in the presence of HSP-antigen complex. In this manner, by restimulation from time-to-time, a stable
5 antigen-specific T cell culture or cell line can be maintained *in vitro* for long periods of time. The T cell culture or cell line thus created can be stored, and if preserved (e.g., by formulation with a cryopreservative and freezing) used to resupply antigen-reactive T cells at
10 desired intervals for long term uses.

In yet another embodiment of the invention, the effectiveness of the *in vitro* pulsing reaction can be enhanced by inclusion in the *in vitro* pulsing reaction of non-covalent complexes of heat shock protein and antigenic molecules. The complexes may be recovered from the antigenic
15 cells, or prepared *in vitro* in which the peptide has the antigenicity of an antigen of interest of the antigenic cells. In one embodiment, the preparation of HSP-antigen complex is substantially purified. In another embodiment, the preparation comprises about 70%, 80%, 90% or 95% HSP-
20 antigen complex.

According to a specific embodiment of the invention, antigen-reactive CD4+ T cells can be generated and used prophylactically to prevent infection, or development or remission of cancer. Antigen-reactive CD8+T cells can also
25 be generated and used prophylactically to prevent infection, or development or remission of cancer. In another embodiment, such T cells can be used therapeutically to treat infection or its sequelae, or to treat cancer. Preferably, the antigenic cells used to generate the antigen-reactive T cells are syngeneic to the subject to which they are to be
30 administered, e.g., are obtained from the subject. However, if cancer cells or pathogen-infected cells that are syngeneic to the subject are not available for use, the methods of the

invention provide that such antigenic cells having the same MHC haplotype as the intended recipient of the cells can be prepared *in vitro* using noncancerous or uninfected cells (e.g., normal cells) collected from the recipient. For
5 example, depending on the mode of transmission of the pathogen, normal cells obtained from the recipient can be infected *in vitro* by incubation with the pathogen or other pathogen-infected cells, and then used to prime the host immune cells *in vivo*. In another embodiment lysates or
10 preparations of cells infected with a pathogen *in vitro*, or thereof, can be used to pulse APCs or primed immune cells comprising APCs *in vitro*. In still another embodiment, lysates or preparations of cells infected with a pathogen *in vitro*, can be used for restimulation of antigen-reactive T cells of the invention.

15 In another embodiment, normal cells can be induced to become cancerous or transformed, e.g., by treatment with carcinogens, such as chemicals and/or radiation or infection with a transforming virus, and then used for priming directly or used to prepare lysate or HSP-antigen complexes for
20 priming. In another embodiment, lysates or preparations of such cancerous, transformed, or infected cells can be used to pulse immune cells or APCs *in vitro*. In still another embodiment, the lysates or preparations of such cells, can be used for restimulation of the antigen-reactive T cells of the
25 invention.

Furthermore, in another embodiment, if the cloned gene of the antigen of interest is available, normal cells from the subject can be transformed or transfected with the gene, such that the antigen of interest is expressed recombinantly in the cells, and then such cells can be used in the priming,
30 pulsing, and/or restimulation reactions. In a less preferred aspect, antigenic cells for use can be prepared from cells

that are not syngeneic but that have at least one MHC allele in common with the intended recipient.

In an immune response, the process of antigen-induced T cell activation occurs *in vivo* typically in secondary lymphoid tissues, such as the lymph nodes and the spleen. By following the present methods, any antigenic cells of interest can be used to prime T cells *in vitro*, even cancer cells or infected cells that are considered unsafe for use in active immunization. Such primed T cells are then exposed to APCs pulsed with HSP-antigen complex. In a specific embodiment CD4+ antigen-reactive T cells are expanded *in vitro* as a source of cells for immunotherapy. Thus, one advantage of the present methods is that antigen-specific T cells can be expanded *in vitro* to create a source of cells for immunotherapy that can be used for treatment or prevention of disease.

There are many advantages of immunotherapy as provided by the present invention. Tumor bulk is minimal following surgery and immunotherapy is most effective in this situation. In a specific embodiment, the preventive and therapeutic methods of the invention are directed at enhancing the immunocompetence of a cancer patient either before surgery or after surgery, and enhancing cell-mediated tumor-specific immunity against cancer cells, with the objective being inhibition of proliferation of cancer cells, and total eradication of residual cancer cells in the body.

In another preferred aspect, antigen-reactive T cells reactive against human cancer cells can be used, alone or in conjunction with surgery, chemotherapy, radiation or other anti-cancer therapies, to eradicate metastases or micrometastases, or to purge bone marrow of cancer cells during bone marrow transplantation. For example, to eradicate or inhibit the growth of metastases or micrometastases, the antigen-reactive T cells provided by the

invention, CD4+ T cells in particular, are administered in vivo, to the subject having or suspected of having the metastases or micrometastases. For example, to purge bone marrow of cancer cells during bone marrow transplantation, bone marrow from the donor is contacted in vitro with the antigen-reactive T cells provided by the invention, so that the antigen reactive T cells lyse any residual cancer cells in the bone marrow, prior to administering the bone marrow to the subject for purposes of hematopoietic reconstitution. The bone marrow transplantation is preferably autologous. In one embodiment, the antigen-reactive T cells are CD4+ T cells. Alternatively, administration of the antigen-reactive T cells involved both CD4+ T cells and CD8+ T cells.

Moreover, if cancer patients undergo surgery with anesthesia, and subsequent chemotherapy, the resulting immunosuppression experienced by the patient may be lessened by cellular immunotherapy in the preoperative period, thereby reducing the incidence of infectious complications. There is also the possibility that tumor cells are shed into circulation at surgery, and thus, effective immunotherapy applied at this time can eliminate these cells in vivo. The invention thus provides a method of prophylaxis or treatment comprising administering to a cancer patient the antigen-reactive T cells provided by the present invention, reactive against an antigen of the patient's cancer cells, prior to, during, and/or subsequent to surgery and/or chemotherapy undergone by the cancer patient.

In a preferred aspect involving acute viral infection of humans, CD4+ T cells are reactive against virus-infected cells of a human subject and can be rapidly generated and reinfused back to the subject for controlling the viral infection.

In another preferred aspect, the invention provides CD4+ T cells reactive against an opportunistic pathogen that

infects immunosuppressed or immunodeficient subjects, such as but not limited to cytomegalovirus, *Toxoplasma gondii*, Herpes zoster, Herpes simplex, *Pneumocystis carinii*, *Mycobacterium avium-intracellulare*, *Mycobacterium tuberculosis*,
5 *Cryptosporidium*, and *Candida* species. The antigen-reactive T cells of the invention can be used therapeutically, and preferably autologously, in human patients suffering from acquired immunodeficiency syndrome (AIDS) and associated infections and cancers, or prophylactically in subjects that
10 are infected with the human immunodeficiency virus (HIV), or HIV seropositive subjects or otherwise at high risk for developing AIDS.

5.1 SOURCES OF ANTIGENIC CELLS

In various embodiments of the invention, any cell can be
15 used as long as the cell has a molecule displaying the antigenicity of the antigen to which specifically reactive T cells are desired. It is not essential to use cells of the ultimate target cells *in vivo* (e.g., of the tumor or infected cells of the intended recipient that it is desired to
20 inhibit) to stimulate/restimulate the T cells, so long as the antigen(s) on the target cells is present on the cells used in priming the immune cells. However, since whole cancer cells or infected cells or other antigenic cells are used in the present methods, it is not necessary to isolate or
25 characterize or even know the identities of these antigens in advance of using the present methods. The antigenic cells of the invention are a source of the HSP-antigen complexes used in the pulsing of APCs or immune cells comprising APCs, and the restimulation of antigen-reactive T cells. Methods of preparation of HSP-antigen complexes from antigenic cells are
30 provided in Sections 5.4.1 to 5.4.3.

For treatment or prevention of cancer, the methods of the invention provide T cells reactive against an antigenic

molecule present in the cancerous or tumor cells e.g., tumor-specific antigens and tumor associated antigens, such that the T cells will induce or enhance an immune response against the cancer cells or tumor, preferably human cancers. For
5 treatment or prevention of infectious diseases, the methods of the invention provide CD4+ or CD8+ T cells reactive against antigenic molecules such that T cells will induce or enhance an immune response against host cells infected by the pathogen that causes the infectious disease or against the
10 pathogen, including but not limited to, viruses, bacteria, fungi, protozoans, parasites, etc., and preferably pathogens that infect humans.

As described above, the immune cells used in priming, pulsing and/or stimulation/restimulation, the T cells, and the antigenic cell must have at least one common MHC allele
15 in order for effective stimulation of T cells to occur. The more MHC alleles in common, the more preferred the method. The most preferred method is one in which the primed immune cells and antigenic cells are derived from the intended recipient (i.e., all are autologous). The less preferred
20 method is one in which the T cells are autologous to the recipient, but the antigenic cells are nonautologous (but share at least one MHC allele with the T cells). The least preferred method is one in which neither the T cells or antigenic cells are autologous to the recipient, but the
25 T cells, antigenic cells, and recipient all have at least one MHC allele in common.

If the antigenic cells, T cells and target cells are obtained from the same or syngeneic individual, such cells will all have the same MHC haplotype. If all are not
obtained from the same subject, and it is not known and it is
30 desired to assess whether the primed immune cells, T cells, and/or target cells have the same MHC haplotype or any MHC alleles in common, such can be determined by standard HLA

typing techniques well known in the art, such as serological tests and DNA analysis of the MHC loci. Such a determination of MHC haplotype need not be undertaken prior to carrying out the priming and pulsing methods of the invention; one may
5 simply carry out such methods and the obtaining of the desired T cell proliferation activity indicates that the matching MHC alleles were present.

The source of the antigenic cells may be selected, depending on the nature of the disease with which the antigen is associated, and the intended use of the resulting antigen-
10 reactive T cells. In one embodiment of the invention, any tissues, or cells isolated from a cancer, including cancer that has metastasized to multiple sites, can be used in the present method. For example, leukemic cells circulating in blood, lymph or other body fluids can also be used, solid
15 tumor tissue (e.g., primary tissue from a biopsy) can be used. Examples of cancers that are amenable to the methods of the invention are listed infra.

In another embodiment of the invention, any cell that is infected with a pathogen, in particular, an intracellular
20 pathogen, such as a virus, bacterium, fungus, parasite, or protozoan, can be used. An exemplary list of infectious diseases that can be treated or prevented by antigen-reactive T cells of the invention is provided below.

Cell lines derived from cancer tissues, cancer cells, or infected cells can also be used as antigenic cells, provided
25 that the cells of the cell line have the same antigenic determinant(s) as the antigen of interest on the antigenic cells. Cancer or infected tissues, cells, or cell lines of human origin are preferred.

Cancer cells or infected cells can be identified and
30 isolated by any method known in the art. For example, cancer cells or infected cells can be identified by morphology, enzyme assays, proliferation assays, or the presence of

pathogens or cancer-causing viruses. If the characteristics of the antigen of interest are known, antigenic cells can also be identified or isolated by any biochemical or immunological methods known in the art. For example, cancer
5 cells or infected cells can be isolated by surgery, endoscopy, other biopsy techniques, affinity chromatography, and fluorescence activated cell sorting (e.g., with fluorescently tagged antibody against an antigen expressed by the cells).

10 If the number of antigenic cells obtained from a subject is insufficient, the cells may be cultured *in vitro* by standard methods to expand the number of cells prior to use in the present methods. There is no requirement that a clonal or homogeneous or purified population of antigenic cells be used to prime the T cells. A mixture of cells can
15 be used provided that a substantial number of cells in the mixture contain the antigen of interest. In a specific embodiment, the antigenic cells and/or immune cells are substantially purified. In another embodiment, the primed immune cells are separated to create enriched populations of
20 APCs or CD4+ T cells to be used in the methods of the invention.

In another embodiment of the invention, antigen-reactive T cells are generated for prophylaxis against cancer or infectious disease. In this instance, the appropriate autologous antigenic cells may not exist, since the recipient
25 of the antigen-reactive T cells may not have the cancer or the infectious disease. Moreover, in an embodiment wherein the T cells are used for prophylaxis, desired quantities of autologous antigenic cells may not be obtainable from the recipient. In such instances, a source of antigenic cells
30 having at least one common MHC allele, or preferably the same MHC haplotype as the recipient, which is used to prime or stimulate the CD4+ T cells, can be prepared *in vitro* from

noncancerous or uninfected cells (e.g., normal cells), as appropriate, obtained from the recipient or other individual sharing at least one MHC allele with the recipient.

In order to prepare suitable antigenic cells that are
5 cancer cells, noncancerous cells, preferably of the same cell type as the cancer desired to be inhibited, can be isolated from the recipient or, less preferably, other individual who shares at least one MHC allele with the intended recipient. These normal cells may then be treated with agents that cause
10 the particular or a similar cancer or a transformed state; such agents may include but not limited to, radiation, chemical carcinogens, oncogenes, and viruses. Standard techniques can be used to treat the cells and propagate the cancer or transformed cells so produced.

In order to prepare pathogen-infected cells, uninfected
15 cells of a cell type susceptible to infection by the pathogen can be infected *in vitro* with the pathogen that causes the disease. Depending on the mode of transmission and the biology of the pathogen, standard techniques can be used to facilitate infection by the pathogen, and propagation of the
20 infected cells. For example, influenza viruses may be used to infect normal human fibroblasts; and mycobacteria may be used to infect normal human Schwann cells.

Alternatively, if the gene encoding a tumor-specific antigen, tumor-associated antigen or antigen of the pathogen
25 is available, normal cells of the appropriate cell type from the intended recipient or an individual having at least one common MHC allele may be transformed or transfected *in vitro* with an expression construct containing the gene such that the antigen is expressed in the recipient's cells. Optionally, more than one such antigen may be expressed in
30 the recipient's cell in this fashion, as will be appreciated by those skilled in the art, any techniques known, such as those described in Ausubel et al. (1989, Current Protocols in

Molecular Biology, Wiley Interscience), may be used to perform the transformation or transfection and subsequent recombinant expression of the antigen gene in recipient's cells. These antigenic cells bearing one or more MHC
5 molecules in common with the recipient are suitable for use in the priming, pulsing or restimulation reactions of the invention.

5.2 SOURCES OF IMMUNE CELLS

10 The immune cells used according to the present invention, comprise a mixture of living cells of lymphoid and myeloid lineages, wherein the lymphoid cells comprise T cells that can be activated to differentiate into CD4+ T cells and CD8+ T cells, and wherein the myeloid cells comprise antigen-presenting cells (e.g., macrophages) that are functional in
15 antigen-induced T cell activation. Preferably, the T cells have the same MHC haplotype as the antigenic cells and the target cells in the recipient.

5.2.1 IMMUNE CELLS PRIMED IN VIVO

20 According to the invention, immune cells are primed *in vivo*, then removed from the host and cultured such that T cells reactive to an antigenic molecule can be expanded *in vitro*.

The *in vivo* priming reaction of the present invention
25 can be carried out by one of several methods. One method for *in vivo* priming includes immunization of an animal or human recipient with a heat shock protein (HSP) preparation in which the preparation comprises one or more antigenic peptides of interest. In a specific embodiment, the antigenic peptide of interest is non-covalently complexed to
30 the HSP. Preparation of the HSP-antigen complexes is described in Section 5.4. In a preferred aspect of the invention, *in vivo* priming reactions using HSP preparations

are followed by pulsing reactions of antigen presenting cells with the same HSP preparation.

In an alternate method for *in vivo* priming reaction, immunization of the recipient is performed using lysates or
5 extracts derived from antigenic cells. A preferred and exemplary, non-limiting protocol for carrying out the *in vivo* priming reaction is provided hereinbelow:

Approximately 6×10^7 cells/ml of cancer or infected cells are suspended in plain media and lysed by freeze
10 and thaw five times. Portions of total cell lysate for use in immunization is emulsified in an equal volume of a suitable adjuvant. Over a period of time, the recipient is given multiple immunizations with the cell lysate preparation. Following a number of immunizations, the resulting "primed" immune cells are
15 collected from recipient as described herein.

Alternately, immunizations may be carried out by standard methods known in the art. (See generally, Current Protocols in Immunology, 1997, R. Coico ed., Wiley & Sons, Inc., New York).

20 Immune cells can be collected or isolated from blood, or secondary lymphoid organs of the subject, such as but not limited to lymph nodes, tonsils, the spleen, Peyer's patch of the intestine, and bone marrow, by any of the methods known in the art. Immune cells obtained from such sources typically comprise predominantly recirculating lymphocytes
25 and APCs such as macrophages at various stages of differentiation and maturation. Optionally, standard techniques, such as morphological observation and immunochemical staining, can be used, if desired, to verify the presence of the desired cells, e.g., T cells, and
30 macrophages.

In a preferred aspect, the immune cells obtained from a live animal are human peripheral blood compositions lacking

red blood cells, e.g., whole blood leukocytes (whole peripheral blood from which the red blood cells and serum have been substantially removed), which can be collected from a human subject by standard techniques, such as by use of a syringe to withdraw the blood, followed by subjecting the blood to Ficoll-Hypaque (Pharmacia) gradient centrifugation. Blood, anticoagulated with preservative-free heparin, usually yields 0.5 to 1×10^6 lymphocytes/ml. Separated blood cells (e.g., leukocytes) may be frozen by standard techniques prior to use in the present methods. In a specific embodiment, the immune cells used are purified white blood cells comprising lymphocytes and macrophages.

T cells and antigen presenting cells, such as macrophages, can be obtained together, or separately (and then combined for use in the stimulation/restimulation reaction), or optionally purified by any of various methods known in the art. In a preferred aspect of the invention, APCs, CD4+ T cells, and CD8+ T cells are purified or enriched prior to co-culturing of APCs with T cells resulting in the stimulation of the antigen-reactive T cells. In an example of one aspect of the invention human macrophages obtained from human blood cells are used as APCs. By way of example but not limitation, macrophages can be obtained as follows:

Mononuclear cells are isolated from peripheral blood of a patient (preferably the patient to be treated), by syringe removal of blood followed by Ficoll-Hypaque gradient centrifugation. Tissue culture dishes are pre-coated with the patient's own serum or with AB+ human serum and incubated at 37°C for 1 hr. Non-adherent cells are removed by pipetting. To the adherent cells left in the dish, is added cold (4°C) 1mM EDTA in phosphate-buffered saline and the dishes are left at room temperature for 15 minutes. The cells are harvested, washed with RPMI buffer and suspended in RPMI buffer. Increased numbers of macrophages may be

obtained by incubating at 37°C with macrophage-colony stimulating factor (M-CSF).

5.2.2 IMMUNE CELLS PRIMED IN VITRO

- 5 Priming of immune cells *in vitro* may be accomplished by several methods including but not limited to the use of dendritic cells (DCs) pulsed with appropriate antigens (Inaba *et al.*, 1987; J Exp Med. 166:182-194; Macatonia *et al.*, 1989; J Exp Med. 169:1255-1264; De Bruijn *et al.*, 1992, Eur J Immunol. 22:3013-3020; RMA-S cells (mutant cells
10 expressing high numbers of 'empty' cell surface class I MHC molecules) loaded with peptide (De Bruijn *et al.*, 1991, Eur J Immunol. 21:2963-2970; Steel and Nutman, 1998, J. Immunol. 160: 351-360; Tao *et al.*, 1997, J. Immunol. 158:4237-44; Dozmorov and Miller, 1997, Cell Immunol. 178:187-96; De Bruijn *et al.*, 1992, Eur J Immunol. 22:3013-
15 3020; Houbiers *et al.*, 1993, Eur J Immunol. 26:2072-2077) and macrophage phagocytosed-peptide loaded beads (De Bruijn *et al.*, 1995, Eur J Immunol. 25:1274-1285).

- An alternative method for generating *in vitro* primed
20 immune cells comprises the following steps in the order stated: subjecting live antigenic cells to osmotic shock *in vitro*; subjecting the antigenic cells to irradiation *in vitro*; culturing the antigenic cells with immune cells comprising T cells and antigen presenting cells *in vitro*,
25 wherein the antigenic cells and T cells have at least one common MHC allele, such that primed immune cells are generated.

- One source of immune T cells that can be used in the methods of the invention may be obtained in the following
30 manner. Antigenic cells are subjected to an osmotic shock, which consists of incubating the antigenic cells first in a hyperosmotic (hypertonic) buffer, and then in a hypotonic buffer. A hyperosmotic or hypertonic buffer has a higher

osmotic pressure relative to the physiological osmotic pressure of a cell. A hypotonic buffer has a lower osmotic pressure than the physiological osmotic pressure in a cell. The physiological osmotic pressure of a cell is that exerted
5 by 0.155 M sodium chloride, which is equivalent to the osmotic pressure of a solution having 0.31 M sucrose (unlike sucrose, sodium chloride dissociates into two ions; the number of solute particles per unit volume determines the osmotic pressure).

10 The equation relating osmotic pressure of a solution to solute concentration may be written as $\pi = MRT$, wherein π = osmotic pressure, M = molarity of solute particles in moles of solute particles per liter solvent, R = gas constant and T = temperature in °K.

Any solutes, buffer systems and procedures that can be
15 used to subject antigenic cells to a change in osmotic pressure can be used in the present methods. The hyperosmotic and hypotonic buffers, and time and temperature of incubations are chosen such that the cells are not ruptured. It is preferred that the temperature of incubation
20 in both the hyperosmotic buffer and the hypotonic buffer is 37°C. It is further preferred that the osmotic pressure of the hyperosmotic buffer in which the antigenic cells are incubated falls within the range of 2 to 5 times, and is most preferably about three times, that of the physiological osmotic pressure.

25 When the cell is placed in a hyperosmotic buffer, the chemical potential of water in the cell is more than outside, and water flows out of the cell. In hypotonic media, the flow goes in the other direction with water entering the cell. As a result of the change in osmotic pressure, the
30 antigenic cells undergo first shrinkage and then expansion but without rupture of the cells. The osmotically-shocked antigenic cells are then irradiated.

A preferred and exemplary, non-limiting protocol for carrying out the osmotic shock and irradiation is provided hereinbelow:

5 The cancer or infected cells (e.g., 2×10^6 cells) are incubated at 37°C for 5 to 60 minutes in a hyperosmotic buffer (0.5 ml per 2×10^6 cells) containing 0.5 M sucrose, 10% w/v polyethylene glycol 1000, 10 mM HEPES in tissue culture medium, such as RPMI 1640. (Alternatively, any solutes can be used to prepare a hyperosmotic buffer that would exert a similar osmotic pressure, e.g., about three times physiologic osmotic pressure.) In order to reverse the osmotic effect rapidly, the medium containing the cells is diluted by adding 30 times the volume of a hypotonic buffer (15 ml per 2×10^6 cells) consisting of 60% tissue culture medium in water. The cells are then incubated at 37°C , e.g., for 1-10 minutes, before they are collected by centrifugation at 500-5000 rpm in a standard laboratory centrifuge. The antigenic cells are not ruptured at the end of this process. The osmotically-shocked antigenic cells are resuspended in culture medium (5 ml for 2×10^6 cells) and allowed to recover for 0.5 to 24 hours at 37°C , 5% CO_2 .

25 After the osmotic shock, the antigenic cells (e.g., one to two million) are irradiated with 1,000 to 10,000 rads in culture medium containing 5% fetal calf serum, and then washed in culture medium containing 10% fetal calf serum. For example, the antigenic cells are irradiated for 30 minutes using a Gammator 50 set to deliver 800 rads/min. Antigenic cells that are subjected to osmotic shock, followed by irradiation are referred to herein as mock-loaded antigenic cells.

30 The *in vitro* priming reaction is carried out by culturing the mock-loaded cells with an immune cell composition comprising

T cells and antigen presenting cells of a subject. As described in section 5.2, immune cells can be obtained from the spleen or preferably, peripheral blood. If lymphoid tissues or organs are used as a source of immune cells, it is
5 preferable to disperse the cells so as to form a single cell suspension prior to use.

A preferred and exemplary, non-limiting protocol for carrying out the *in vitro* priming reaction is provided hereinbelow:

10 Approximately 1×10^6 cancer or infected cells treated as described above (with osmotic shock and irradiation) are used to prime 1×10^8 immune cells (e.g., whole blood from which the red blood cells and serum have been removed). The cells are mixed and co-cultured at 37°C, 5% CO₂, for preferably 3-9 days, preferably in
15 multiwell plates. The ratio of treated cells to immune cells in the mixed cell culture is preferably 1:100, and may be adjusted to optimize the ratio for generation of responding T cells. Optionally, noncovalent complexes of heat shock protein and peptides isolated from cells
20 that are the same as the antigenic cells, or noncovalent complexes of heat shock protein and exogenous antigenic peptides, are added to the mixed cell culture to enhance the efficiency of the *in vitro* priming reaction. HSP-antigen complexes can be isolated or prepared *in vitro* by methods described herein. A concentration range of
25 1-50 µg heat shock protein peptide complex per ml culture medium is preferred. After several days in culture, e.g., on day six, a ⁵¹Cr release assay, cytokine secretion, or any other suitable assay known in the art may be performed if desired, to test for antigen-
30 reactive CD4+ T cell activity in the mixed cell culture. Any methods known in the art may be used to maintain the responding T cell clones. Culture medium for mouse cells

usually includes fetal calf serum (FCS) at concentrations ranging from 2 to 10% and 2-mercaptoethanol, usually at 5×10^{-5} M. Human cell cultures are usually prepared in medium containing 10 to 20% pooled human serum, although FCS at 10% is an adequate substitute for pooled human serum. Antibiotics, usually penicillin (100 μ g/ml) and streptomycin (100 U/ml), may be used. HEPES (25 mM) or morpholinopropane-sulfonic acid (MOPS) (10 mM) can be used to buffer the medium. Suitable culture media and conditions are well known in the art.

To enhance or sustain activity and/or proliferation of the antigen reactive T cells, the mixed cell culture can optionally be restimulated with antigenic cells in the presence of primed immune cells after many days in culture, for example, on day 9 or 10. The antigenic cells used for restimulation need not be osmotically shocked, but should be irradiated. Optionally, primed T cells (which are substantially suspended in the culture medium) can be recovered from the mixed cell culture by centrifugation of the culture medium, and restimulated by incubation with freshly irradiated antigenic cells in fresh culture medium at any of various responding T cell/antigenic cell ratios, such as, for example, 100:1. The incubation is preferably also in the presence of lymphokine(s), e.g., purified IL-2 and/or concanavalin A (con A) - stimulated spleen cell supernatant or conditioned medium from activated T cell culture. Preferably, human IL-2 is used with human cells. By repeated stimulations for example, carried out every 3 to 9 days, a continuous antigen-reactive T cell culture or T cell line with specificity for the antigens present on the antigenic cells can be maintained or established. Standard methods of T cell cloning and clonal expansion may be applied to further propagate these antigen-reactive T cells. See generally, Fathman et al., 1989, in Chapter 30, in "Fundamental

Immunology" 2nd edition, ed. Paul, W.E., Raven Press, New York, pp 803-815. The cells can be tested for reactivity on day six after restimulation.

Primed immune cells can be any MHC haplotype-matched
5 immune cells, preferably comprising antigenic presenting cells, or less preferably allogeneic immune cells sharing at least one MHC allele with the immune cells, and are typically obtained from peripheral blood leukocytes or the spleen by standard techniques. The feeder cells are preferably
10 irradiated prior to use.

10 T cell cultures or cloned T cells primed by the methods of the invention can be stored frozen in liquid nitrogen for at least several years. For example, T cells, preferably during the early log phase of growth, are centrifuged and resuspended in medium containing 10% dimethyl sulfoxide
15 (DMSO) at 4°C. Survival of frozen cells is probably greater if the serum concentration of the medium is at least 10%. For example, briefly, 24 hr after antigen exposure, T cells are harvested and resuspended in pre-cooled RPMI supplemented with 20% FCS and 10% dimethyl sulfoxide. By way of example,
20 cells are frozen at a rate of approximately 1°C per minute by placing them in a styrofoam box in a -70°C Revco freezer. Such frozen cells should preferably be stored in liquid nitrogen.

For maintenance, T cell clones of interest can be
25 expanded in multiwell plates and subsequently in tissue culture flasks. Briefly, by way of example and not limitation, for expansion, cells are harvested at intervals of 10 to 14 days, readjusted to 1×10^5 T cells/ml, and restimulated in the presence of feeder cells with newly irradiated antigenic cells and 10 units IL-2/ml. Cells are
30 fed with fresh medium containing IL-2 every 5 days. Unlike macrophages which are adherent to the plates, T cells are non-adherent and can be substantially separated from

macrophages by collecting the cell culture medium. Occasionally, cells grow rapidly and require repeated splitting when cell density exceeds 5×10^5 per ml.

T cells made by the above methods may be used as a source of T cells for the methods of the invention that can be further co-cultured with pulsed-APCs.

5.3 GENERATION OF ANTIGEN-REACTIVE T CELLS

Antigen-reactive T cells are generated in vitro by stimulation and proliferation of a subset of T cells according to the methods described herein. After sufficient time is given for the in vitro stimulation reaction to occur, the T cells can be tested for proliferation, cytotoxicity, cytokine secretion. Alternately, cells may be restimulated to enhance or sustain the proliferation, or stored or maintained in long-term culture for later use.

Any antigenic cell, e.g., cancer or infected cells described in section 5.1, may be used in the present methods. As described in section 5.1, supra, the source of the antigenic cells may be selected, depending on the nature of the disease with which the antigen is associated, and the intended use of the resulting antigen-reactive T cells. In one embodiment of the invention, any tissues, or cells isolated from a cancer, including cancer that has metastasized to multiple sites, can be used in the present method. In another embodiment of the invention, any cell that is infected with a pathogen, in particular, an intracellular pathogen, such as a virus, bacterium, fungus, parasite, or protozoan, can be used. Typically, by way of example but not limitation, cancer cells can be isolated from a tumor that is surgically removed from a human patient who will be the recipient of the antigen-reactive T cells. Prior to use, solid cancer tissue, pathogen-infected tissue or aggregated cancer cells should be dispersed, preferably

mechanically, into a single cell suspension by standard techniques. Enzymes, such as but not limited to, collagenase and Dnase may also be used to disperse cancer cells.

Typically, approximately two to three million antigenic cells
5 are used per priming reaction in the method. Thus, if necessary, the cancer or infected cells may be cultured by standard techniques under growth conditions *in vitro* to obtain the desired number of cells prior to use. Primary tissue or cell lines can also be used.

10 In a preferred embodiment, the present invention provides a method for generating antigen-reactive T cells comprising the following steps in the order stated: priming immune cells *in vivo* or *in vitro*; enriching for subpopulations of immune cells such as CD4+ and APCs; subjecting APCs to pulsing *in vitro* with an HSP-antigen
15 complex; co-culturing the pulsed APCs with CD4+ T cells wherein the antigen presenting cells and CD4+ T cells have at least one common MHC allele, such that antigen-reactive CD4+ T cells are generated.

The *in vivo* priming reaction of the present invention
20 can be carried out by several methods, as described in section 5.2.1. These methods include, immunization of an animal or human recipient with a heat shock protein (HSP) preparation in which the preparation comprises one or more antigenic peptides of interest. In an alternate method for
25 *in vivo* priming reaction, immunization of the recipient is performed using lysates or extracts derived from antigenic cells.

The primed immune cells are collected from the immunized animal and may be subjected to enrichment for specific populations of cells. Purification or enrichment of subsets
30 of immune cells can be performed by methods known in the art. In a specific example, separation of immune cells is performed by FACS (fluorescence activated cell sorter)

analysis using anti-CD4 monoclonal antibody or anti-CD8 monoclonal antibody to select for immune cells comprising CD4+ or CD8+ T cells respectively. In another embodiment, immune cells are separated by density gradient centrifugation, or affinity chromatography using an immobilized antibody to the CD8 or CD4 marker present on the T cell surface. In an alternate example, CD4+ T cells are selected by co-culturing immune cells with antigen presenting cells such as irradiated syngeneic spleen cells as feeder cells in the presence of antigen such as cancer cell lysate (see section 6).

Additionally, APCs can be enriched by similar methods using cell surface markers specific to the APCs of interest. For example, macrophages may be enriched by the methods described infra or by standard methods in the art, by use of the Mac1 cell surface marker.

Following enrichment of cell populations, the APC rich populations are pulsed with the HSP-antigen complexes prepared from antigenic cells. In a preferred embodiment, the HSP-antigen complexes are substantially purified. In another preferred embodiment, the HSP-antigen complex is prepared in vitro by reconstituting HSP and exogenous antigen as described in Section 5.4.4.

In order to pulse the APC population with antigen, the source of antigen of the invention includes but is not limited to a) substantially purified complex of a heat shock protein and an antigenic molecule; b) HSP-antigen complex present from a cell lysate or extract; c) purified HSP-antigen complex; and d) an exogenously prepared complex of an HSP and antigenic molecule. The pulsing reaction may be accomplished in several ways. APC exposure to HSP-antigen complex may include addition of HSP-antigen complex to in vitro cultured primed immune cell, mixture of HSP-antigen complex derived from antigenic cell lysate with APCs or

primed immune cells *in vitro*, or adding purified HSP-antigen complexes to *in vitro* cultured APCs or primed immune cells. In a most preferred embodiment, the pulsing of an APC is performed with the identical form of HSP-antigen complex to
5 that used in the *in vivo* priming reaction. In an alternate embodiment, the pulsing reaction is carried out with a source of HSP-antigen complex comprising an antigenic peptide identical to one or more antigenic peptides of the *in vivo* priming reaction.

10 The stimulation and restimulation of selected populations of T cells are provided by the methods of the invention. Stimulation and restimulation of either antigen-reactive CD4+ or antigen-reactive CD8+ T cells *in vitro* is accomplished by co-culturing of T cells with antigen
15 presenting cells pulsed with HSP-antigen complexes. Co-culturing of T cells with APCs *in vitro* leads to the expansion of stimulated T cells resulting in antigen-reactive T cells of the invention.

In order to optimize antigen-reactive T cell expansion, the ratio of APC cells in the mixed cell culture is
20 preferably 1:10, and may be adjusted to optimize the ratio for generation of antigen-reactive T cells, after measuring the resulting reactivity of the responding T cells at various ratios. Optionally, non-covalent complexes of heat shock protein and peptides isolated from cells that are the same as
25 the antigenic cells, or non-covalent complexes of heat shock protein and exogenous antigenic peptides, are added to the mixed cell culture to enhance the efficiency of the *in vitro* stimulation reaction. Heat shock protein-peptide complexes can be isolated or prepared *in vitro* by methods described in
30 the next section. A concentration range of 1-50 μ g heat shock protein peptide complex per ml culture medium is preferred. The co-culturing is performed under standard conditions of temperature, humidity, CO₂ concentration shown

in the art. After several days in culture, e.g., on day six, a ^{51}Cr release assay or any other suitable assay known in the art may be performed if desired, to test for T cell activity in the mixed cell culture. Alternately, T cells may be
5 assayed for cytotoxicity, cytokine secretion, or proliferation by methods standard in the art (also see section 6, *infra*).

Any methods known in the art may be used to maintain the responding antigen-reactive T cell clones. Culture medium for mouse cells usually includes fetal calf serum (FCS) at
10 concentrations ranging from 2 to 10% and 2-mercaptoethanol, usually at 5×10^{-5} M. Human cell cultures are usually prepared in medium containing 10 to 20% pooled human serum, although FCS at 10% is an adequate substitute for pooled human serum. Antibiotics, usually penicillin (100 $\mu\text{g}/\text{ml}$) and
15 streptomycin (100 U/ml), may be used. HEPES (25 mM) or morpholinopropane-sulfonic acid (MOPS) (10 mM) can be used to buffer the medium. Suitable culture media and conditions are well known in the art.

To enhance or sustain activity or proliferation of the
20 stimulated antigen-reactive T cells, the mixed cell culture can optionally be restimulated with primed immune cells comprising antigen presenting cells after many days in culture, for example, on day 9 or 10. Any of the sources of HSP-antigen complex described *infra*, may be used for
25 restimulation. Optionally, antigen-reactive T cells (which are substantially suspended in the culture medium) can be recovered from the mixed cell culture by centrifugation of the culture medium, and restimulated by incubation with freshly irradiated APCs in the presence of HSP-antigen
30 complex, in fresh culture medium at any of various responding T cell/antigenic cell ratios, such as, for example, 10:1. The incubation is preferably also in the presence of lymphokine(s), e.g., purified IL-2 and/or concanavalin A (con

A) - stimulated spleen cell supernatant or conditioned medium from stimulated T cell culture. Preferably, human IL-2 is used with human cells. By repeated stimulations for example, carried out every 3 to 9 days, a continuous antigen-reactive T cell culture or T cell line with specificity for the antigens present on the antigenic cells/APCs can be maintained or established. Standard methods of T cell cloning and clonal expansion may be applied to further propagate these antigen-reactive T cells. See generally, Fathman et al., 1989, in Chapter 30, in "Fundamental Immunology" 2nd edition, ed. Paul, W.E., Raven Press, New York, pp 803-815. The cells can be tested for reactivity on day six after restimulation.

Primed immune cells for the purpose of restimulation can be any MHC haplotype-matched immune cells, comprising antigenic presenting cells, or less preferably allogeneic immune cells sharing at least one MHC allele with the immune cells, and are typically obtained from peripheral blood leukocytes or the spleen by standard techniques. The feeder cells are preferably irradiated prior to use.

Spleen cells stimulated with concanavalin A (Con A) yield culture supernatant containing rather high levels of IL-2. By way of example, to prepare rat Con A SF, rat spleen cells are cultured at a density of 1.25×10^6 cells/ml in medium (DMEM, RPMI, or other suitable medium) containing 2 to 10% fetal calf serum (FCS) and 5×10^{-5} M 2-mercaptoethanol. Con A (Pharmacia Fine Chemicals, Inc., Uppsala, Sweden) is added to give a final concentration of 2.5 to 5 $\mu\text{g/ml}$. After 48 hr, the culture supernatant is collected and centrifuged. Lymphokines other than IL-2, including colony stimulating factor and growth factors for B cells, may also be present as well in Con A SF. Such supernatant are useful for the initial cloning of T cells and for maintaining cloned T cells.

Recombinant human or murine IL-2 can be purchased commercially. Also, by way of example, human IL-2 can be prepared by culturing peripheral blood leukocytes or spleen cells (5×10^6 per ml) in RPMI 1640 supplemented as above
5 with PHA-P (Difco Laboratories, Detroit, MI) at a final concentration of 0.2%. IL-2-containing supernatant is collected by centrifugation after culture for 48 hr.

T cell cultures or cloned antigen-reactive T cells prepared by the methods of the invention can be stored frozen in liquid nitrogen for at least several years. For example,
10 T cells, preferably during the early log phase of growth, are centrifuged and resuspended in medium containing 10% dimethyl sulfoxide (DMSO) at 4°C. Survival of frozen cells is probably greater if the serum concentration of the medium is at least 10%. For example, briefly, 24 hr after antigen
15 exposure, T cells are harvested and resuspended in pre-cooled RPMI supplemented with 20% FCS and 10% dimethyl sulfoxide. By way of example, cells are frozen at a rate of approximately 1°C per minute by placing them in a styrofoam box in a -70°C Revco freezer. Such frozen cells should
20 preferably be stored in liquid nitrogen.

For maintenance, T cell clones of interest can be expanded in multiwell plates and subsequently in tissue culture flasks. Briefly, by way of example and not limitation, for expansion, cells are harvested at intervals of 10 to 14 days, readjusted to 1×10^5 T cells/ml, and
25 restimulated in the presence of primed immune cells with newly irradiated antigenic cells and 10 units IL-2/ml. Cells are fed with fresh medium containing IL-2 every 5 days. Unlike macrophages which are adherent to the plates, T cells are non-adherent and can be substantially separated from
30 macrophages by collecting the cell culture medium. Occasionally, cells grow rapidly and require repeated splitting when cell density exceeds 5×10^5 per ml.

5.4 PREPARATIONS OF HEAT SHOCK PROTEIN-ANTIGEN COMPLEXES

In an embodiment wherein heat shock protein (HSP)-peptide complexes isolated from antigenic cells are desired to be used for priming and/or pulsing, or to be added to the mixed cell culture, the HSPs that can be used include but are not limited to, HSP60, HSP70, HSP90, HSP100, and gp96, alone or in combination. Preferably, the HSPs are human HSPs.

Heat shock proteins (HSPs), which are also referred to interchangeably as stress proteins, useful in the practice of the instant invention can be selected from among any cellular protein that satisfies any one of the following criteria. It is a protein whose intracellular concentration increases when a cell is exposed to a stressful stimuli, it is capable of binding other proteins or peptides, and it is capable of releasing the bound proteins or peptides in the presence of adenosine triphosphate (ATP) or low pH; or it is a protein showing at least 35% homology with any cellular protein having any of the above properties.

Any methods known in the art can be employed to substantially purify endogenous HSP-peptide complexes from antigenic cells, e.g., cancer cells or infected cells, for use in the present methods. For example, the purification of HSP70-peptide complexes has been described previously, see, for example, Udono et al., 1993, J. Exp. Med. 178:1391-1396. See also International Publication No. WO 95/24923 dated September 21, 1995.

Another method that can be applied for the substantial purification of heat shock protein-peptide complexes, such as HSP70-peptide complexes, comprises contacting cellular proteins with ADP or a nonhydrolyzable analog of ATP affixed to a solid substrate, such that HSP70 in the lysate can bind to the ADP or nonhydrolyzable ATP analog, and eluting the bound HSP70. A preferred method uses column chromatography with ADP affixed to a solid substratum (e.g., ADP-agarose).

Thus, HSP70-peptide complexes can be readily obtained from cancer cells or cells infected by an infectious agent or other cells by a rapid, one-step ADP-agarose chromatography. For example, Meth A sarcoma cells (500 million cells) can be
5 homogenized in hypotonic buffer and the lysate is centrifuged at 100,000 g for 90 minutes at 4°C. The supernatant is applied to an ADP-agarose column. The columns are washed in buffer and are eluted with 3 mM.

These protocols may be used to isolate HSPs from any eukaryotic cells, for example, tissues, isolated cells or
10 immortalized eukaryotic cell lines infected with a pathogen, tumor cells or tumor cell lines, and eukaryotic cells transfected with a gene encoding and expressing a tumor-specific antigen, tumor-associated antigen or an antigen of the pathogen.

15 Furthermore, antigenic molecules, either purified from natural sources or chemically synthesized or recombinantly produced, may be reconstituted with a variety of naturally purified or chemically synthesized or recombinantly produced heat shock proteins *in vitro* to generate immunogenic non-
20 covalent heat shock protein-peptide molecule complexes. Methods for non-covalently complexing a HSP and an exogenous antigenic molecule *in vitro* is described in Section 5.4.4.

Heat shock protein-peptide complexes isolated from antigenic cells or produced *in vitro* can be used during the
25 initial *in vivo* priming reaction, and/or during any of the subsequent pulsing or stimulation/restimulation steps.

5.4.1 PREPARATION AND PURIFICATION OF HSP 70-PEPTIDE COMPLEXES

The purification of HSP 70-peptide complexes has been
30 described previously, see, for example, Udonio et al., 1993, *J. Exp. Med.* 178:1391-1396. A procedure that may be used,

presented by way of example but not limitation, is as follows:

Initially, tumor cells are suspended in 3 volumes of 1X Lysis buffer consisting of 5mM sodium phosphate buffer (pH7), 150mM NaCl, 2mM CaCl₂, 2mM MgCl₂, and 1mM phenyl methyl sulfonyl fluoride (PMSF). Then, the pellet is sonicated, on ice, until >99% cells are lysed as determined by microscopic examination. As an alternative to sonication, the cells may be lysed by mechanical shearing and in this approach the cells typically are resuspended in 30mM sodium bicarbonate pH 7.5, 1mM PMSF, incubated on ice for 20 minutes and then homogenized in a dounce homogenizer until >95% cells are lysed.

Then the lysate is centrifuged at 1,000g for 10 minutes to remove unbroken cells, nuclei and other cellular debris. The resulting supernatant is recentrifuged at 100,000g for 90 minutes, the supernatant harvested and then mixed with Con A Sepharose equilibrated with phosphate buffered saline (PBS) containing 2mM Ca²⁺ and 2mM Mg²⁺. When the cells are lysed by mechanical shearing the supernatant is diluted with an equal volume of 2X Lysis buffer prior to mixing with Con A Sepharose. The supernatant is then allowed to bind to the Con A Sepharose for 2-3 hours at 4°C. The material that fails to bind is harvested and dialyzed for 36 hours (three times, 100 volumes each time) against 10mM Tris-Acetate pH 7.5, 0.1mM EDTA, 10mM NaCl, 1mM PMSF. Then the dialyzate is centrifuged at 17,000 rpm (Sorvall SS34 rotor) for 20 minutes. Then the resulting supernatant is harvested and applied to a Mono Q FPLC column equilibrated in 20mM Tris-Acetate pH 7.5, 20mM NaCl, 0.1mM EDTA and 15mM 2-mercaptoethanol. The column is then developed with a 20mM to 500mM NaCl gradient and then eluted fractions fractionated by sodium dodecyl sulfate-polyacrylamide gel electrophoresis (SDS-PAGE) and characterized by immunoblotting using an

appropriate anti-HSP70 antibody (such as from clone N27F3-4, from StressGen).

Fractions strongly immunoreactive with the anti-HSP70 antibody are pooled and the HSP70-peptide complexes
5 precipitated with ammonium sulfate; specifically with a 50%-70% ammonium sulfate cut. The resulting precipitate is then harvested by centrifugation at 17,000 rpm (SS34 Sorvall rotor) and washed with 70% ammonium sulfate. The washed precipitate is then solubilized and any residual ammonium
10 sulfate removed by gel filtration on a Sephadex^R G25 column (Pharmacia). If necessary the HSP70 preparation thus obtained can be repurified through the Mono Q FPCL Column as described above.

The HSP70-peptide complex can be purified to apparent homogeneity using this method. Typically 1mg of HSP70-
15 peptide complex can be purified from 1g of cells/tissue.

The present invention further describes a new and rapid method for purification of HSP70-peptide complexes. This improved method uses chromatography with ADP affixed to a solid substratum (e.g., ADP-agarose). The resulting HSP70
20 preparations are higher in purity and devoid of peptides. The HSP70 yields are also increased significantly by about more than 10 fold. Alternatively, chromatography with nonhydrolyzable analogs of ATP, instead of ADP, can be used in chromatography for purification of HSP70-peptide
25 complexes. By way of example but not limitation, purification of HSP70-peptide complexes by ADP-agarose chromatography was carried out as follows: Meth A sarcoma cells (500 million cells) were homogenized in hypotonic buffer and the lysate was centrifuged at 100,000 g for 90 minutes at 4°C. The supernatant was divided into two and was
30 applied to an ADP-agarose or an ATP-agarose column. The columns were washed in buffer and were eluted with 3 mM ADP or 3 mM ATP, respectively. The eluted fractions were

analyzed by SDS-PAGE: in both cases, apparently homogeneous preparations of HSP70 were obtained. However, when each of the preparations was tested for presence of peptides, the ADP-bound/eluted HSP70 preparation was found to be associated
5 with peptides, while the ATP-bound/eluted HSP70 preparation was not.

5.4.2 PREPARATION AND PURIFICATION OF HSP 90-PEPTIDE COMPLEXES

A procedure that can be used, presented by way of
10 example and not limitation, is as follows:

Initially, tumor cells are suspended in 3 volumes of 1X Lysis buffer consisting of 5mM sodium phosphate buffer pH 7, 150mM NaCl, 2mM CaCl₂, 2mM MgCl₂, and 1mM phenyl methyl sulfonyl fluoride (PMSF). Then, the pellet is sonicated, on
15 ice, until >99% cells are lysed as determined by microscopic examination. As an alternative to sonication, the cells may be lysed by mechanical shearing and in this approach the cells typically are resuspended in 30mM sodium bicarbonate pH 7.5, 1mM PMSF, incubated on ice for 20 minutes and then
20 homogenized in a dounce homogenizer until >95% cells are lysed.

Then the lysate is centrifuged at 1,000g for 10 minutes to remove unbroken cells, nuclei and other cellular debris. The resulting supernatant is recentrifuged at 100,000g for 90 minutes, the supernatant harvested and then mixed with Con
25 A Sepharose equilibrated with PBS containing 2mM Ca²⁺ and 2mM Mg²⁺. When the cells are lysed by mechanical shearing the supernatant is diluted with an equal volume of 2X Lysis buffer prior to mixing with Con A Sepharose. The supernatant is then allowed to bind to the Con A Sepharose for 2-3 hours
30 at 4°C. The material that fails to bind is harvested and dialyzed for 36 hours (three times, 100 volumes each time) against 20mM sodium phosphate pH 7.4, 1mM EDTA, 250mM NaCl,

1mM PMSF. Then the dialyzate is centrifuged at 17,000 rpm (Sorvall SS34 rotor) for 20 minutes. Then the resulting supernatant is harvested and applied to a Mono Q FPLC column equilibrated with lysis buffer. The proteins are then eluted
5 with a salt gradient of 200mM to 600mM NaCl.

The eluted fractions are fractionated by SDS-PAGE and fractions containing the HSP90-peptide complexes identified by immunoblotting using an anti-HSP90 antibody such as 3G3 (Affinity Bioreagents). HSP90-peptide complexes can be
10 purified to apparent homogeneity using this procedure. Typically, 150-200 µg of HSP90-peptide complex can be purified from 1g of cells/tissue.

5.4.3 PREPARATION AND PURIFICATION OF GP96-PEPTIDE COMPLEXES

15 A procedure that can be used, presented by way of example and not limitation, is as follows:

A pellet of tumors is resuspended in 3 volumes of buffer consisting of 30mM sodium bicarbonate buffer (pH 7.5) and 1mM PMSF and the cells allowed to swell on ice 20 minutes. The
20 cell pellet then is homogenized in a Dounce homogenizer (the appropriate clearance of the homogenizer will vary according to each cells type) on ice until >95% cells are lysed.

The lysate is centrifuged at 1,000g for 10 minutes to remove unbroken cells, nuclei and other debris. The supernatant from this centrifugation step then is
25 recentrifuged at 100,000g for 90 minutes. The gp96-peptide complex can be purified either from the 100,000 pellet or from the supernatant.

When purified from the supernatant, the supernatant is diluted with equal volume of 2X lysis buffer and the
30 supernatant mixed for 2-3 hours at 4°C with Con a sepharose equilibrated with PBS containing 2mM Ca²⁺ and 2mM Mg²⁺. Then, the slurry is packed into a column and washed with 1X lysis

buffer until the OD_{280} drops to baseline. Then, the column is washed with 1/3 column bed volume of 10% α -methyl mannoside (α -MM) dissolved in PBS containing 2mM Ca^{2+} and 2mM Mg^{2+} , the column sealed with a piece of parafilm, and incubated at 37°C for 15 minutes. Then the column is cooled to room temperature and the parafilm removed from the bottom of the column. Five column volumes of the α -MM buffer are applied to the column and the eluate analyzed by SDS-PAGE. Typically the resulting material is about 60-95% pure; however, this depends upon the cell type and the tissue-to-lysis buffer ratio used. Then the sample is applied to a Mono Q FPLC column (Pharmacia) equilibrated with a buffer containing 5mM sodium phosphate, pH 7. The proteins then are eluted from the column with a 0-1M NaCl gradient and the gp96 fraction elutes between 400mM and 550mM NaCl.

The procedure, however, may be modified by two additional steps, used either alone or in combination, to consistently produce apparently homogeneous gp96-peptide complexes. One optional step involves an ammonium sulfate precipitation prior to the Con A purification step and the other optional step involves DEAE-Sepharose purification after the Con A purification step but before the Mono Q FPLC step.

In the first optional step, the supernatant resulting from the 100,000g centrifugation step is brought to a final concentration of 50% ammonium sulfate by the addition of ammonium sulfate. The ammonium sulfate is added slowly while gently stirring the solution in a beaker placed in a tray of ice water. The solution is stirred from about 1/2 to 12 hours at 4°C and the resulting solution centrifuged at 6,000 rpm (Sorvall SS34 rotor). The supernatant resulting from this step is removed, brought to 70% ammonium sulfate saturation by the addition of ammonium sulfate solution, and centrifuged at 6,000 rpm (Sorvall SS34 rotor). The resulting

pellet from this step is harvested and suspended in PBS containing 70% ammonium sulfate in order to rinse the pellet. This mixture is centrifuged at 6,000 rpm (Sorvall SS34 rotor) and the pellet dissolved in PBS containing 2mM Ca^{2+} and Mg^{2+} .
5 Undissolved material is removed by a brief centrifugation at 15,000 rpm (Sorvall SS34 rotor). Then, the solution is mixed with Con A Sepharose and the procedure followed as before.

In the second optional step, the gp96 containing fractions eluted from the Con A column are pooled and the buffer exchanged for 5mM sodium phosphate buffer, pH 7, 300mM
10 NaCl by dialysis, or preferably by buffer exchange on a Sephadex G25 column. After buffer exchange, the solution is mixed with DEAE-Sepharose previously equilibrated with 5mM sodium phosphate buffer, pH 7, 300mM NaCl. The protein solution and the beads are mixed gently for 1 hour and poured
15 into a column. Then, the column is washed with 5mM sodium phosphate buffer, pH 7, 300mM NaCl, until the absorbance at 280nm drops to baseline. Then, the bound protein is eluted from the column with five volumes of 5mM sodium phosphate buffer, pH 7, 700mM NaCl. Protein containing fractions are
20 pooled and diluted with 5mM sodium phosphate buffer, pH 7 in order to lower the salt concentration to 175mM. The resulting material then is applied to the Mono Q FPLC column (Pharmacia) equilibrated with 5mM sodium phosphate buffer, pH 7 and the protein that binds to the Mono Q FPLC column (Pharmacia) is eluted as described before.

25 It is appreciated, however, that one skilled in the art may assess, by routine experimentation, the benefit of incorporating the second optional step into the purification protocol. In addition, it is appreciated also that the benefit of adding each of the optional steps will depend upon
30 the source of the starting material.

When the gp96 fraction is isolated from the 100,000g pellet, the pellet is suspended in 5 volumes of PBS

containing either 1% sodium deoxycholate or 1% octyl glucopyranoside (but without the Mg^{2+} and Ca^{2+}) and incubated on ice for 1 hour. The suspension is centrifuged at 20,000g for 30 minutes and the resulting supernatant dialyzed against
5 several changes of PBS (also without the Mg^{2+} and Ca^{2+}) to remove the detergent. The dialysate is centrifuged at 100,000g for 90 minutes, the supernatant harvested, and calcium and magnesium are added to the supernatant to give final concentrations of 2mM, respectively. Then the sample
10 is purified by either the unmodified or the modified method for isolating gp96-peptide complex from the 100,000g supernatant, see above.

The gp96-peptide complexes can be purified to apparent homogeneity using this procedure. About 10-20 μ g of gp96 can be isolated from 1g cells/tissue.

15

5.4.4 IN VITRO PRODUCTION OF HSP-ANTIGENIC MOLECULE COMPLEXES

An additional source of HSP-antigen complex include complexes of HSPs and antigenic molecules produced *in vitro*.
20 As will be appreciated by those skilled in the art, the antigenic molecules either isolated by the procedures known in the art, or chemically synthesized, or recombinantly produced, may be reconstituted with a variety of naturally purified or recombinant HSPs *in vitro* to generate immunogenic non-covalent HSP-antigenic molecule complexes.
25 Alternatively, exogenous antigens or antigenic/immunogenic fragments or derivatives thereof can be noncovalently complexed to HSPs for use in the generation of antigen-reactive T cells of the invention. A preferred, exemplary protocol for noncovalently complexing a HSP and an antigenic
30 molecule *in vitro* is discussed below.

Prior to complexing, the HSPs are pretreated with ATP or low pH to remove any peptides that may be associated with the

HSP of interest. When the ATP procedure is used, excess ATP is removed from the preparation by the addition of apyranase as described by Levy, et al., 1991, Cell 67:265-274. When the low pH procedure is used, the buffer is readjusted to neutral pH by the addition of pH modifying reagents.

The antigenic molecules (1 μ g) and the pretreated HSP (9 μ g) are admixed to give an approximately 5 antigenic molecule: 1 HSP molar ratio. Then, the mixture is incubated for 15 minutes to 3 hours at 4°-45° C in a suitable binding buffer, for example, one containing 20mM sodium phosphate, pH 7.2, 350mM NaCl, 3mM MgCl₂, and 1mM phenyl methyl sulfonyl fluoride (PMSF). The preparations are centrifuged through Centricon 10 assembly (Millipore) to remove any unbound peptide. The association of the peptides with the HSPs can be assayed by SDS-PAGE. This is the preferred method for in vitro complexing of peptides isolated from MHC-peptide complexes of peptides disassociated from endogenous HSP-peptide complexes.

In an alternative embodiment of the invention, preferred for producing complexes of HSP70 to exogenous antigenic molecules such as proteins, 5-10 micrograms of purified HSP is incubated with equimolar quantities of the antigenic molecule in 20mM sodium phosphate buffer pH 7.5, 0.5M NaCl, 3mM MgCl₂, and 1mM ADP in a volume of 100 microliter at 37°C for 1 hr. This incubation mixture is further diluted to 1ml in phosphate-buffered saline.

In an alternative embodiment of the invention, preferred for producing complexes of gp96 or HSP90 to peptides, 5-10 micrograms of purified gp96 or HSP90 is incubated with equimolar or excess quantities of the antigenic peptide in a suitable buffer such as one containing 20mM sodium phosphate buffer, pH 7.5, 0.5M NaCl, 3mM MgCl₂, at 60°-65°C for 5-20 minutes. This incubation mixture is allowed to cool to room temperature and centrifuged more than once, if necessary

through Centricon 10 assembly (Millipore) to remove any unbound peptide.

Following complexing, the HSP-antigenic molecule complexes can be used in the various methods of the instant invention.

5.5 DETERMINATION OF REACTIVITY OF RESPONDING T CELLS

In an optional procedure, after the *in vitro* stimulation/restimulation reaction, the mixed cell culture comprising responding T cells including the antigen-reactive T cells of the invention can be assayed for reactivity using a ^{51}Cr release assay, a cytokine assay, or any assay known in the art for measuring reactivity of immune effector cells.

By way of example but not limitation, the following four (4) hour ^{51}Cr -release assay can be used (see, Palladino et al., 1987, Cancer Res. 47:5074-5079 and Blachere et al., 1993, J. Immunotherapy 14:352-356). In this assay, cells in the stimulated co-culture, i.e., the effector T cells, are added to a target cell suspension to give various effector:target (E:T) ratios (usually from 1:1 to 40:1). The target cells are prelabelled by incubating 1×10^6 target cells in culture medium containing 200 mCi ^{51}Cr /ml for one hour at 37°C . The labelled cells are washed three times following labeling. Each assay point (E:T ratio) is performed in triplicate. The controls measure spontaneous ^{51}Cr release wherein no lymphocytes are added to the assays, and 100% release wherein the labelled target cells are lysed with detergent, such as TNEN (10mM Tris-HCl, 250 mM NaCl, 0.1 mM EDTA and 1% NP-40). After incubating the effector/target cell mixtures for 4 hours, the cells are collected by centrifugation at 200 g for 5 minutes. The amount of ^{51}Cr released into the supernatant is measured by a gamma counter. The percent cytotoxicity is measured as cpm in the test

sample minus spontaneously released cpm divided by the total
detergent released cpm minus spontaneously released cpm.

$$5 \text{ \% cytotoxicity} = \frac{\text{cpm of test sample minus} \quad \text{cpm of spontaneous } ^{51}\text{Cr release} \quad \times 100}{\text{cpm of maximal } ^{51}\text{Cr release minus} \quad \text{cpm of spontaneous } ^{51}\text{Cr release}}$$

Alternatively, the reactivity of the responding T cells
10 can also be determined by measuring the levels of cytokines,
such as but not limited to tumor necrosis factor,
granulocyte-macrophage colony stimulating factor,
interleukin-2, and interleukin-5 secreted upon stimulation or
restimulation. Proliferation of T cells may also be examined
15 by standard methods in the art, such as 3H-thymidine
incorporation, FACS analysis, growth curves, and cytokine
secretion.

5.6 REINFUSION OF ANTIGEN-REACTIVE T CELLS

The antigen-reactive T cells of the invention, are
20 infused into a recipient systemically, preferably
intravenously, by conventional clinical procedures. In a
specific embodiment, the T cell population that was suspended
in the culture medium is administered to the patient.
Alternatively and optionally, antigen-reactive T cells can be
25 purified prior to administration by any standard methods,
such as but not limited to, density gradient centrifugation,
and affinity chromatography using an immobilized antibody to
the CD4 or CD8 antigen present on the antigen-reactive
T cells. The antigen-reactive T cells are infused,
preferentially by systemic administration into the recipient.
30 Recipients generally receive from about 10^5 to about 10^{11}
purified antigen-reactive T cells (or a composition
comprising the same) per administration, and preferably about

10⁶ to about 10⁸ immune cells per administration or about 10⁵ to about 10⁷ purified antigen-reactive T cells (or a composition comprising the same) per administration, depending on the condition of the patient. Preferably, such
5 T cells are administered to an autologous recipient.

The subject or recipient is preferably an animal, including but not limited to animals such as cats, dogs, cows, pigs, mice, rats, monkeys, chickens, etc., and is preferably a mammal, and most preferably human.

Various delivery systems are known and can be used to
10 administer the antigen-reactive T cells of the invention, e.g., encapsulation in liposomes, microparticles, microcapsules. Methods of introduction include but are not limited to intradermal, intramuscular, intraperitoneal, intravenous, subcutaneous, intranasal, and oral routes. The
15 cells may be administered by any convenient route, for example by infusion, and may be administered together with other biologically active agents. Administration can be systemic or local. In addition, it may be desirable to introduce the pharmaceutical compositions of the invention
20 into the central nervous system by any suitable route, including intraventricular and intrathecal injection; intraventricular injection may be facilitated by an intraventricular catheter, for example, attached to a reservoir, such as an Ommaya reservoir.

In a specific embodiment, it may be desirable to
25 administer the pharmaceutical compositions of the invention locally to the area in need of treatment; this may be achieved by, for example, and not by way of limitation, local infusion during surgery, by injection, by means of a catheter, or by means of an implant, said implant being of a
30 porous, non-porous, or gelatinous material, including membranes, such as sialastic membranes, or fibers. In one embodiment, administration can be by direct injection at the

site (or former site) of a cancer or infection, or directly into the cancer or tumor.

The present invention also provides pharmaceutical compositions. Such compositions comprise a therapeutically or prophylactically effective amount of antigen-reactive T cells of the invention, and a pharmaceutically acceptable carrier or excipient. Such a carrier includes but is not limited to saline, culture medium with or without serum, buffered saline, dextrose, water, glycerol, ethanol, and combinations thereof. The carrier and composition can be sterile. The formulation should suit the mode of administration. The composition, if desired, can also contain minor amounts of wetting or emulsifying agents, or pH buffering agents. In a preferred embodiment, the pharmaceutical composition comprises a majority of CD4+ antigen-reactive T cells.

In a preferred embodiment, the composition is formulated in accordance with routine procedures as a pharmaceutical composition adapted for intravenous administration to human beings. Typically, carriers for intravenous administration are sterile isotonic aqueous buffers. Where necessary, the composition may also include a local anesthetic such as lignocaine to ease pain at the site of the injection. Where the composition is to be administered by infusion, it can be dispensed with an infusion bottle containing sterile pharmaceutical grade water, saline or culture medium. Where the composition is administered by injection, an ampoule of sterile water or saline or culture medium for injection can be provided so that the ingredients may be mixed prior to administration.

The amount of antigen-reactive T cells of the invention which will be effective in the treatment of a particular disorder or condition will depend on the nature of the disorder or condition, and can be determined by standard

clinical techniques. In addition, in vitro assays may optionally be employed to help identify optimal dosage ranges. The precise dose to be employed in the formulation will also depend on the route of administration, and the
5 seriousness of the disease or disorder, and should be decided according to the judgment of the practitioner and each patient's circumstances.

The invention also provides a pharmaceutical pack or kit comprising one or more containers filled with one or more of
10 the ingredients of the pharmaceutical compositions of the invention. Optionally associated with such container(s) can be a notice in the form prescribed by a governmental agency regulating the manufacture, use or sale of pharmaceutical or biological products, which notice reflects approval by the agency of manufacture, use or sale for human administration.

15 In some regimens, patients may optionally receive in addition a suitable dosage of a biological response modifier including but not limited to the interferon- γ , interferon- α , interleukin-2, interleukin-4, interleukin-7, interleukin-10, interleukin-12, tumor necrosis factor, granulocyte-macrophage
20 colony stimulating factor, or other cytokines and growth factors.

5.7 TARGET INFECTIOUS DISEASES

Infectious diseases that can be treated or prevented by
25 antigen-reactive T cells of the present invention are caused by infectious agents including, but not limited to viruses, bacteria, fungi, protozoans and parasites.

Viral diseases that can be treated or prevented by the methods and compositions of the present invention include, but are not limited to, those caused by hepatitis type A,
30 hepatitis type B, hepatitis type C, influenza, varicella, adenovirus, herpes simplex type I (HSV-I), herpes simplex type II (HSV-II), rinderpest, rhinovirus, echovirus,

rotavirus, respiratory syncytial virus, papilloma virus,
papova virus, cytomegalovirus, echinovirus, arbovirus,
huntavirus, coxsachie virus, mumps virus, measles virus,
rubella virus, polio virus, human immunodeficiency virus type
5 I (HIV-I), and human immunodeficiency virus type II (HIV-II)

Bacterial diseases that can be treated or prevented by
the methods and compositions of the present invention are
caused by bacteria including, but not limited to,
mycobacteria rickettsia, mycoplasma, neisseria and
10 legionella.

Protozoal diseases that can be treated or prevented by
the methods and compositions of the present invention are
caused by protozoa including, but not limited to, leishmania,
kokzidioa, and trypanosoma.

Parasitic diseases that can be treated or prevented by
15 the methods and compositions of the present invention are
caused by parasites including, but not limited to, chlamydia
and rickettsia.

5.8 TARGET CANCERS

20 Cancers that can be treated or prevented by antigen-
reactive T cells and methods of the present invention
include, but not limited to human sarcomas and carcinomas,
e.g., fibrosarcoma, myxosarcoma, liposarcoma, chondrosarcoma,
osteogenic sarcoma, chordoma, angiosarcoma,
endotheliosarcoma, lymphangiosarcoma,
25 lymphangioendotheliosarcoma, synovioma, mesothelioma, Ewing's
tumor, leiomyosarcoma, rhabdomyosarcoma, colon carcinoma,
pancreatic cancer, breast cancer, ovarian cancer, prostate
cancer, squamous cell carcinoma, basal cell carcinoma,
adenocarcinoma, sweat gland carcinoma, sebaceous gland
30 carcinoma, papillary carcinoma, papillary adenocarcinomas,
cystadenocarcinoma, medullary carcinoma, bronchogenic
carcinoma, renal cell carcinoma, hepatoma, bile duct

carcinoma, choriocarcinoma, seminoma, embryonal carcinoma, Wilms' tumor, cervical cancer, testicular tumor, lung carcinoma, small cell lung carcinoma, bladder carcinoma, epithelial carcinoma, glioma, astrocytoma, medulloblastoma, 5 craniopharyngioma, ependymoma, pinealoma, hemangioblastoma, acoustic neuroma, oligodendroglioma, meningioma, melanoma, neuroblastoma, retinoblastoma; leukemias, e.g., acute lymphocytic leukemia and acute myelocytic leukemia (myeloblastic, promyelocytic, myelomonocytic, monocytic and erythroleukemia); chronic leukemia (chronic myelocytic 10 (granulocytic) leukemia and chronic lymphocytic leukemia); and polycythemia vera, lymphoma (Hodgkin's disease and non-Hodgkin's disease), multiple myeloma, Waldenström's macroglobulinemia, and heavy chain disease.

In a specific embodiment, the cancer is metastatic. 15 In another specific embodiment, the cancer is a tumor. In yet another embodiment, the recipient has undergone autologous bone marrow transplantation as a part of cancer therapy.

20 6. EXAMPLES

The following examples demonstrate methods of the present invention for generating antigen-reactive T cells in vitro, using Meth A (a methylcholanthrene-induced fibrosarcoma) cancer cells in murine strains. The examples 25 further characterize the antigen-reactive T cells, and provide working examples of the methods of the instant invention.

6.1 MATERIALS

The source of antigen for the priming reaction in vivo 30 was Meth A cell lysate emulsified with equal volume CFA (complete Freund's adjuvant) from Meth A (a

methylcholanthrene-induced fibrosarcoma) cancer cells. Mice used were BALB/c females 8-10 weeks old, or C57BL/6.

6.2 CHARACTERIZATION OF ANTIGEN-REACTIVE T CELLS

5 Preparation of antigenic molecules for priming/
immunization was carried out as follows. 6×10^7 Meth A cells
per ml were suspended in plain RPMI media and lysed by freeze
and thaw 5 times, as per methods commonly known in the art.
For each immunization, $100 \mu\text{l}$ of total Meth A cell lysate was
10 emulsified in equal volume of CFA. Immunizations with the
emulsified lysates were administered subcutaneously to BALB/c
mice twice a week. One week after the second immunization,
spleen cells from immunized mice were collected and cultured
in a 24 well plate (5×10^6 /well) in the presence of Meth A
total cell lysate (2×10^5 eq/well). The spleen cells comprise
15 APCs and primed T cells. After 7 days in culture, cells were
restimulated by adding irradiated syngeneic spleen cells as
feeder cells in the presence of Meth A lysate. After 3-4
rounds of restimulation, proliferating cells were analyzed by
FACS using anti-CD4 mAb and anti-CD8 mAb. Results are shown
20 in FIG. 1. The majority cells are CD4+ cells.

In order to further characterize the proliferation of
the primed immune cells *in vitro*, a time course of the
proliferative response was performed. In this experiment, T
cells resulting from the *in vitro* spleen cell culture were
25 cultured in the presence of irradiated syngeneic spleen cells
in the absence or presence of different amounts of antigen
(Meth A cell lysate). 4×10^4 T cells/well were cultured in a
96 well flat bottom plate. Cells were grown at 37°C and 5%
 CO_2 . Twenty four hours prior to harvest, $0.1 \mu\text{Ci}$ /well of ^3H -
thymidine was added to the wells. Incorporation of ^3H -
30 thymidine was measured by scintillation counting by methods
well known in the art. Results as shown in FIG 2,

demonstrate that a maximum proliferative response was obtained at day 4.

With the addition of blocking antibody such as anti-CD4 or anti-I-Ad/I-Ed (1 μ l of mAb added to the 96 well culture at day 0), cell proliferation was inhibited. These results, shown in FIG. 3, indicate that the proliferative T cells were I-Ed restricted CD4+ T cells.

In a further characterization of the proliferative cells described *supra*, the pattern of cytokine secretion by the cells cultured in the 96 well plates, were examined by ELISA methods known in the art. After 72 hours in culture, the supernatant of the cultures were examined for the presence of cytokines known to be secreted by T cells, such as interron-gamma (IFN γ). As demonstrated in FIG. 4, IFN γ was detected in supernatant cultured in the presence of Meth A lysate.

The antigen specificity of the proliferative cells were investigated by using different cell lysates from either Meth A cells, CMS5 cells or P815 cells. Activity assays using 3 H-thymidine were performed on day 4 cultures. As demonstrated in FIG. 5, only cells incubated in the presence of Meth A cell lysates incorporated 3 H-thymidine, thus indicating a proliferative response. Neither CMS5 nor P815 lysates as a source of HSP-antigen complex in vitro were able to induce proliferation of the immune cells primed in vivo with Meth A lysate preparations. These results support the methods of the invention in demonstrating the dependence of antigen specificity in the development of antigen-reactive T cells.

6.3 ANTIGEN RECOGNITION BY CD4+ T CELLS

In section 6.2, CD4+ T cells were demonstrated to proliferate in the presence of Meth A cell lysate when used as a source of antigen. This response has been further characterized in the following section, to demonstrate, by way of example, but not limitation, an interaction of CD4+ T

cells with a preparation of gp96-antigen complex of Meth A cells. The example further demonstrates the specificity of the MHC restriction.

Antigen-reactive CD4+ T cells were generated by the methods of the invention resulting in a clonal T cell population herein referred to as 12D1. As demonstrated in FIG. 6, antigen-reactive CD4+ T cells secreted IL-5 when cultured in the presence of Meth A cell cytosol or gp96 derived from Meth A cells, but not in the presence of gp96 derived from D122 Lewis Lung carcinoma cells.

The CD4+ T cell cytokine secretion in response to Meth A cell antigen was inhibited by monoclonal antibodies specific to the CD4+ T cells (see FIG. 7 & 8). Anti-CD4 mAb or anti-I-Ed mAb inhibited T cell cytokine secretion response, whereas other antibodies (such as anti-IAd or anti-CD8) did not. These results demonstrate that antigen-reactive T cells secrete cytokines in response to exposure to antigen such as Meth A cell lysate or gp96 preparation from Meth A cells. Further, these results demonstrate that the MHC restriction is important in the pulsing reaction.

The role of the class II MHC pathway was further investigated by examining the ability of chloroquine (500 μ M) to inhibit the cytokine secretion response. Chloroquine is known in the art as an agent that neutralizes acidic compartments of the cell, which would prevent proteolytic processing of peptides within lysosomes. As discussed herein, class II MHC molecules, involved in CD4+ T cell interactions, bind to antigenic peptides in acidic compartments of the cell. Since chloroquine neutralizes these acidic compartments, this agent is believed to disrupt the class II MHC pathway. In order to examine the effects of chloroquine, splenic APCs, after irradiation were treated with 500 μ M chloroquine, then incubated for 30 minutes at 37°C or 4°C. FIG. 9 demonstrates that the cytokine secretion

response of T cells to Meth A cytosol as a source of antigen, was significantly inhibited by chloroquine. Further, the cytokine secretion response of T cells to Meth A-derived gp96 preparation was completely inhibited by chloroquine.

5 In order to investigate the requirement of endocytosis of antigens in the CD4+/MHC II pathway, the effects of paraformaldehyde on the T cell cytokine secretion response was investigated. Paraformaldehyde is a cross-linking reagent that prevents endocytosis of antigen derived from outside the cell. In order to examine the effects of
10 paraformaldehyde, splenic APCs were treated with 1% paraformaldehyde after irradiation, then incubated for 30 minutes at 37°C or 4°C. Results shown in FIG. 9 demonstrate that the cytokine secretion response of T cells to Meth A cytosol as a source of antigen, was inhibited by
15 paraformaldehyde. Similarly, the cytokine secretion response of T cells to Meth A derived gp96 was also inhibited by paraformaldehyde. These results demonstrated that processing of extracellularly derived gp96 antigen complexes for presentation of antigen by MHC class II molecules proceeds
20 via an endocytic pathway and further supports the methods of the invention. Taken together, FIG. 9 demonstrates that both processing and internalization of antigen were required in the class II MHC pathway of the invention.

In order to examine the requirement of MHC matching for the T cell proliferation response, T cells were stimulated
25 with splenic APCs of either BALB/c mice or of C57BL/6 mice. Since BALB/c mice comprise similar MHC haplotypes as the in vitro cultured T cells, the BALB/c splenic APCs stimulated CD4+ T cell proliferation. As demonstrated in FIG. 10, C57BL/6 mice splenic APCs do not support the cytokine
30 secretion response of T cells and demonstrated a requirement for MHC matching. These results support the instant invention by demonstrating that similar MHC classes between T

cells and antigen presenting cells supports expansion of T cells in vitro.

In summary, immune cells treated according to the methods of the invention can be stimulated in vitro to produce the antigen-reactive T cells that can mediate an effective antigen-specific T cell response. Thus, administration of such in vitro generated antigen-reactive T cells to a MHC-matched recipient, as described herein, represents a therapeutic or preventative approach for a wide range of cancers or infectious diseases.

The present invention is not to be limited in scope by the specific embodiments described herein. Indeed, various modifications of the invention in addition to those described herein will become apparent to those skilled in the art from the foregoing description and accompanying figures. Such modifications are intended to fall within the scope of the appended claims.

Various publications are cited herein, the disclosures of which are incorporated by reference in their entireties.

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WHAT IS CLAIMED IS:

1. A method for generating T cells reactive to an antigenic molecule comprising:
 - 5 contacting immune cells comprising T cells and antigen presenting cells *in vitro* with a purified non-covalent complex of a heat shock protein and an antigenic molecule, wherein the immune cells are obtained from an animal immunized with a molecule displaying the antigenicity of said antigenic
 - 10 molecule, whereby T cells reactive to the antigenic molecule are generated.
2. A method for generating T cells reactive to an antigenic molecule comprising:
 - 15 contacting immune cells comprising T cells and antigen presenting cells *in vitro* with a purified non-covalent complex of a heat shock protein and an antigenic molecule, wherein the immune cells are immunized *in vitro* with a molecule displaying the
 - 20 antigenicity of said antigenic molecule, whereby T cells reactive to the antigenic molecule are generated.
3. A method for generating T cells reactive to an antigenic molecule comprising:
 - 25 (a) immunizing an animal with an antigenic molecule;
 - (b) obtaining immune cells from the animal, said immune cells comprising T cells and antigen presenting cells; and
 - 30 (c) incubating the immune cells *in vitro* with a purified non-covalent complex of a heat shock protein and a molecule displaying the

antigenicity of said antigenic molecule,
whereby T cells reactive to the antigenic
molecule are generated.

5 4. A method for generating T cells reactive to an
antigenic molecule comprising:

- (a) immunizing immune cells comprising antigen
presenting cells and T cells in vitro with an
antigenic molecule;
- 10 (b) incubating the immune cells in vitro with a
purified non-covalent complex of a heat shock
protein and a molecule displaying the
antigenicity of said antigenic molecule,
whereby T cells reactive to the antigenic
molecule are generated.

15

5. The method for expanding T cells reactive to an
antigenic molecule comprising:

- contacting immune cells comprising T cells with
antigen presenting cells pulsed with a purified
20 HSP-antigenic molecule complex, wherein immune
cells are obtained from an animal immunized with a
molecule displaying the antigenicity of said
antigenic molecule, and wherein the antigen
presenting cells and immune cells have at least one
common MHC allele, whereby T cells reactive to the
25 antigenic molecule are generated.

6. A method for expanding T cells reactive to an
antigenic molecule comprising:

- (a) immunizing an animal with an antigenic
30 molecule;
- (b) obtaining immune cells from the animal, said
immune cells comprising T cells;

and

- 5 (c) contacting the immune cells with antigen presenting cells pulsed with a purified complex of a heat shock protein and the antigenic molecule, wherein the antigen presenting cells and immune cells have at least one common MHC allele, whereby T cells reactive to the antigenic molecule are generated.

- 10 7. The method of claim 1, 2, 3, 4, 5, or 6 in which the immune cells are enriched for CD4+ lymphocytes and antigen presenting cells.

- 15 8. A method of claim 1, 2, 3, 4, 5, or 6 wherein the antigenic molecule is a tumor-specific or tumor-associated antigen.

9. A method of claim 1, 2, 3, 4, 5, or 6 wherein the antigenic molecule is derived from a cancer cell.

- 20 10. A method of claim 1, 2, 3, 4, 5, or 6 wherein the antigenic molecule is derived from a cancer cell selected from the group consisting of sarcoma, carcinoma, leukemia, lymphoma, myeloma, prostate cancer, breast cancer, and colon cancer.

25

11. The method of claim 1, 2, 3, 4, 5, and 6 wherein the antigenic molecule is recombinantly produced.

12. The method of claim 9 wherein the cancer cell has
30 been induced *in vitro* to become cancerous or transformed.

13. A method of claim 1, 2, 3, 4, 5, or 6 in which the antigenic molecule is derived from an infected cell.

14. The method of claim 1, 2, 3, 4, 5, or 6 wherein the
5 antigenic molecule is derived from a cell infected wherein said cell is selected from the group consisting of a virus, bacterium, fungus, parasite, and protozoan.

15. The method of claim 1, 2, 3, 4, 5, or 6 wherein the
10 antigenic cell recombinantly expresses an antigenic molecule of a pathogen.

16. The method of claim 1, 2, 3, 4, 5, or 6 wherein the antigenic cell has been infected *in vitro* by a pathogen.

15 17. A method of claim 1, 2, 3, 4, 5, or 6 in which the antigenic cell is an human cell.

18. The method of claim 1, 2, 3, 4, 5, or 6 wherein the immune cells are human cells.

20

19. The method of claim 1 or claim 2 wherein the immune cells are selected from the group consisting of peripheral blood lymphocytes, and whole blood leukocytes.

25 20. The method of claim 1, 2, 3, 4, 5, or 6 wherein the immune cells and antigenic cells are derived from the same human.

21. The method of claim 1, 2, 3, 4, 5, or 6 further comprising recovering the antigen-reactive T cells from the
30 cell culture.

22. The method of claim 1, 2, 3, 4, 5, or 6 wherein the non-covalent complexes of heat shock protein and antigenic molecule are obtained from an antigenic cell.

5 23. The method of claim 1, 2, 3, 4, 5, or 6 wherein the non-covalent complexes of heat shock protein and antigen are produced *in vitro*.

10 24. The method of claim 1, 2, 3, 4, 5, or 6 further comprising restimulating the immune cells, *in vitro*, at least once with a non-covalent complex of a heat shock protein and an antigenic molecule.

15 25. The method of claim 1, 2, 3, 4, 5, or 6 wherein the heat shock protein is HSP60, HSP70, HSP90, HSP100, or gp96.

26. The method of claim 1, 2, 3, 4, 5, or 6 wherein the heat shock protein is a member of the small heat shock protein (sHSP) family.

20 27. A method for treating or preventing a disease or disorder in a subject comprising the steps of:

25 (a) generating T cells reactive to an antigenic molecule comprising contacting immune cells, comprising T cells and antigen presenting cells, *in vitro*, with a purified non-covalent complex of a heat shock protein and an antigenic molecule, wherein the immune cells are obtained from an animal immunized with a molecule displaying the antigenicity of said antigenic molecule, and whereby T cells
30 reactive to the antigenic molecule are generated, wherein the T cells and the

antigenic cells have at least one common MHC allele; and

- (b) administering an effective amount of the antigen-reactive T cells to the subject.

5

28. The method of claim 1, 2, 3, 4, 5, or 6 further comprising administering an effective amount of the antigen-reactive T cells to a subject for treating or preventing a disease or disorder.

10

29. The method of claim 27 in which the antigenic cells are human cells.

30. The method of claim 27 wherein the immune cells are human cells.

15

31. The method of claim 27 wherein the immune cells and antigenic cells are from the same human.

32. The method of claim 27 wherein the antigen-reactive
20 T cells are administered intravenously to the subject.

33. The method of claim 27 further comprising administering to the subject an effective amount of a biological response modifier selected from the group consisting of interferon- γ , interferon- α , interleukin-2,
25 interleukin-4, interleukin-7, interleukin-10, interleukin-12, tumor necrosis factor, and granulocyte-macrophage colony stimulating factor.

34. The method of claim 27 in which the immune cells
30 are enriched for CD4+ lymphocytes.

35. The method of claim 27 in which the immune cells are enriched for antigen presenting cells.

36. The method of claim 27 in which the antigenic
5 molecule is derived from a cancer cell.

37. The method of claim 36 wherein the cancer cell is of a cancer selected from the group consisting of sarcoma, carcinoma, leukemia, lymphoma, myeloma, prostate cancer, breast cancer, and colon cancer.
10

38. The method of claim 30 wherein the antigenic cell recombinantly expresses an antigenic molecule of a cancer cell.

15 39. The method of claim 27 wherein the antigenic cell has been induced *in vitro* to become a cancerous or transformed.

40. The method of claim 27 in which the antigenic
20 molecule is derived from an infected cell.

41. The method of claim 27 wherein the antigenic molecule is derived from a cell infected by a virus, bacterium, fungus, parasite, or protozoan.

25 42. The method of claim 27 wherein the antigenic molecule is recombinantly produced.

43. The method of claim 27 wherein the antigenic cell has been infected *in vitro* by a pathogen.
30

44. The method of claim 27 wherein the immune cells comprise peripheral blood lymphocytes or whole blood leukocytes.

5 45. The method of claim 27 further comprising recovering antigen-reactive T cells from a cell culture.

46. The method of claim 27 wherein the non-covalent complexes of heat shock protein and antigenic molecule are obtained from an antigenic cell.
10

47. The method of claim 27 further comprising restimulating the immune cells in vitro at least once with a non-covalent complex of a heat shock protein and an antigen.

15 48. The method of claim 27 wherein the heat shock protein is HSP60, HSP70, HSP90, HSP100, or gp96.

49. The method of claim 27 wherein the heat shock protein is a member of the small heat shock protein (sHSP) family.
20

50. A composition comprising T cells reactive to an antigenic molecule that have been generated by a method comprising:

- 25 (a) immunizing an animal with an antigenic molecule;
- (b) obtaining a composition comprising immune cells from the animal, said immune cells comprising T cells and antigen presenting cells; and
- 30 (c) incubating the immune cells in vitro with a substantially purified non-covalent complex of an heat shock protein and a molecule

displaying the antigenicity of said antigenic molecule, whereby T cells reactive to the antigenic molecule are generated.

5 51. The composition of claim 50 wherein the T cells reactive to an antigenic molecule are CD4+ T cells.

52. The composition of claim 50 wherein the T cells reactive to an antigenic molecule are CD8+ T cells.

10 53. The composition of claim 50, 51, or 52 wherein the T cells reactive to an antigenic molecule are substantially purified.

54. A pharmaceutical composition comprising the
15 composition of claim 50, 51, or 52 and a pharmaceutically acceptable carrier.

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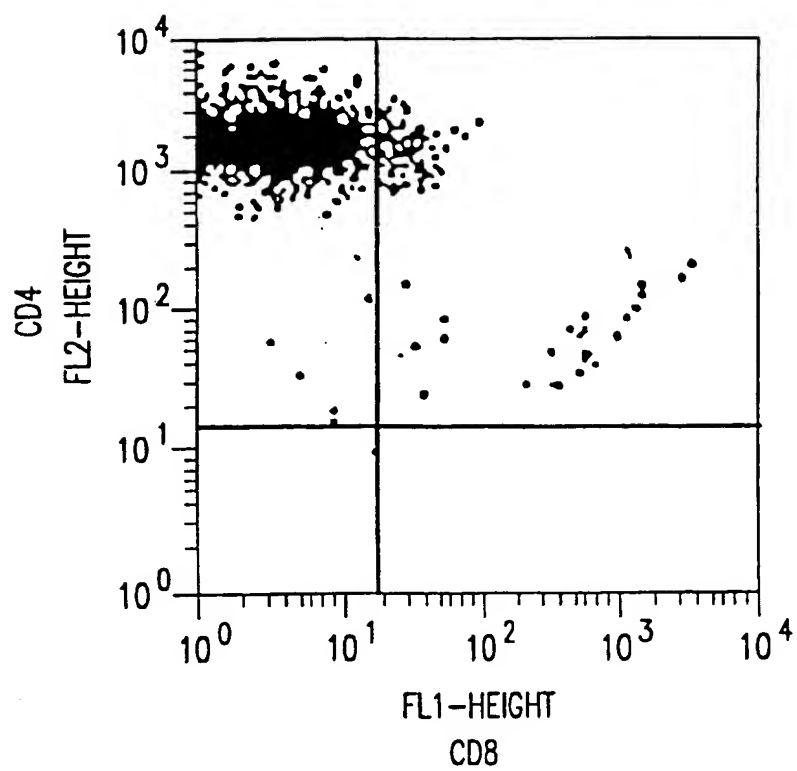


FIG.1

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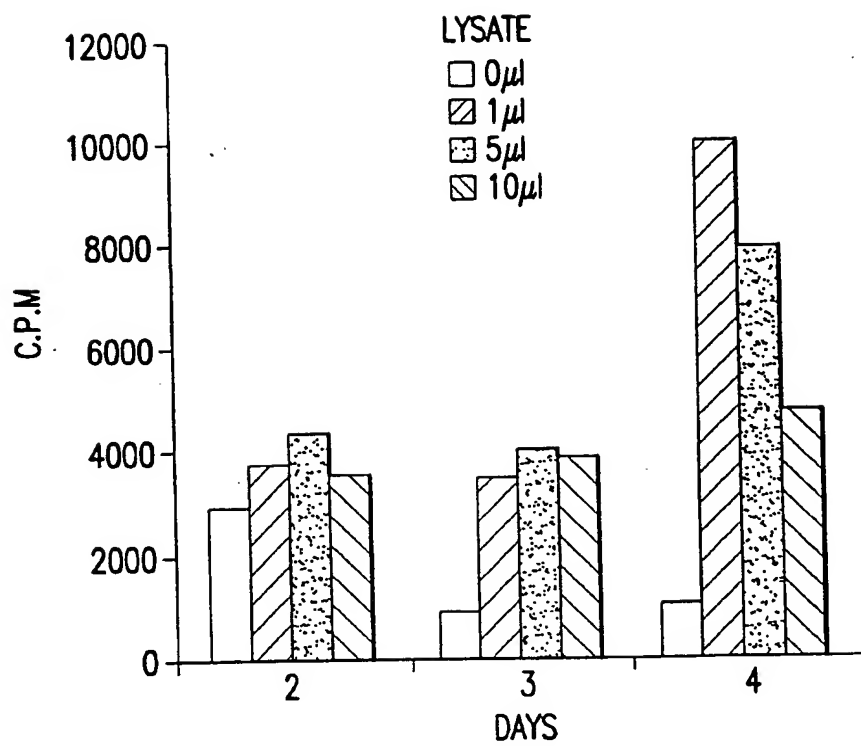


FIG.2

3/10

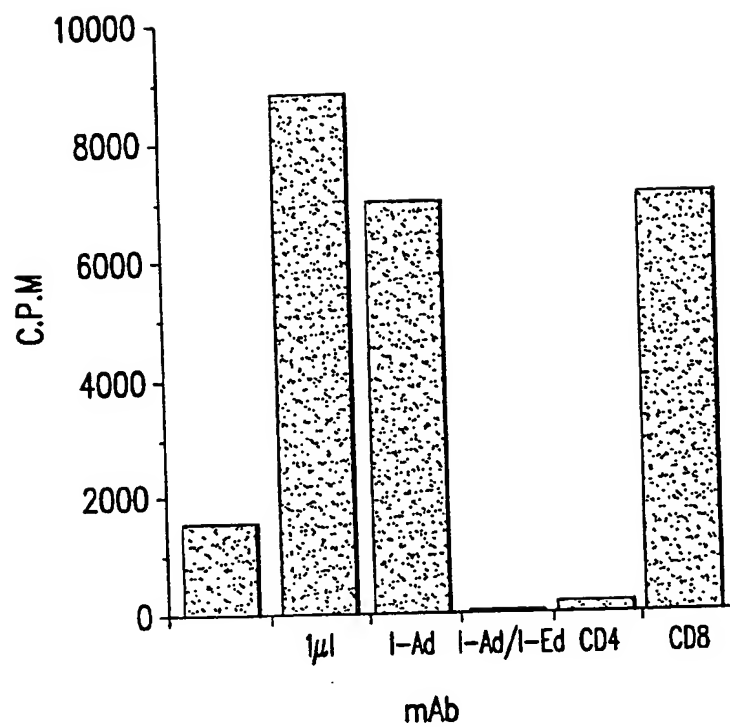


FIG.3

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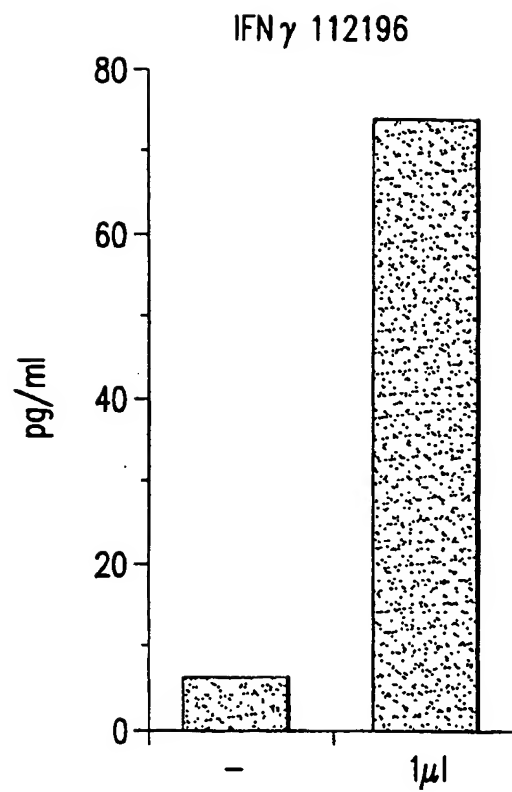


FIG.4

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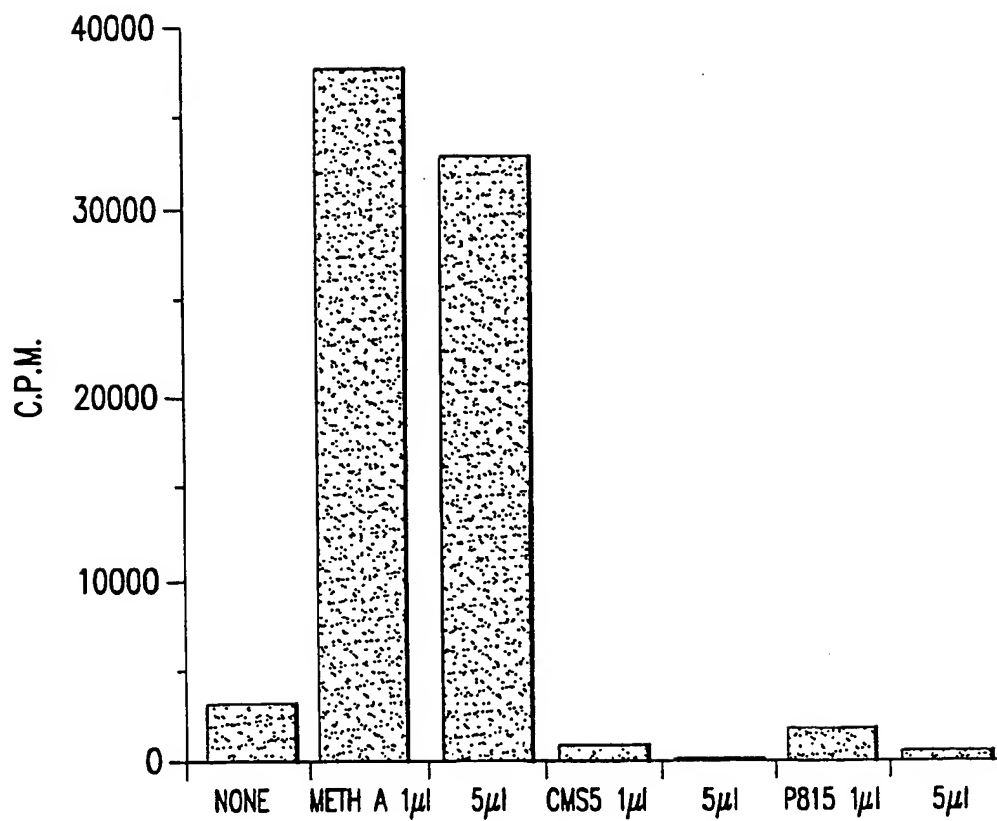


FIG.5

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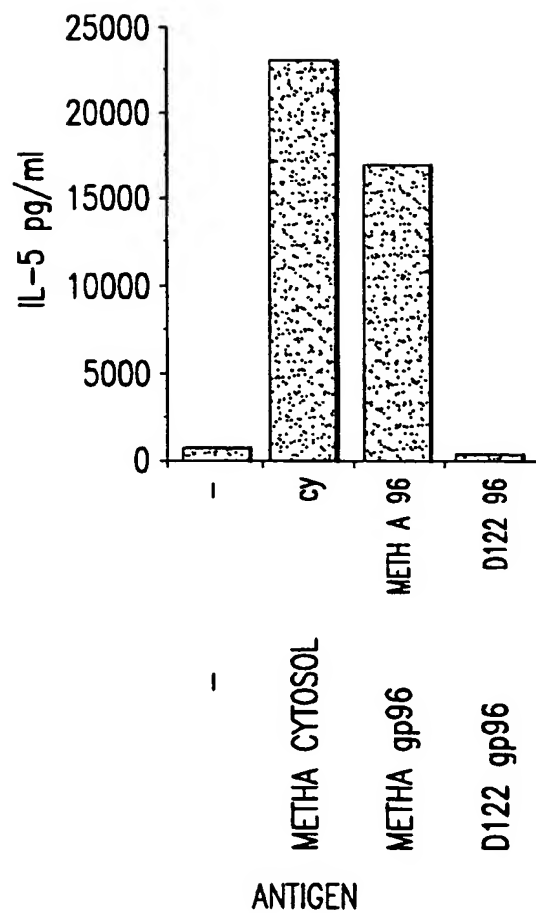


FIG.6

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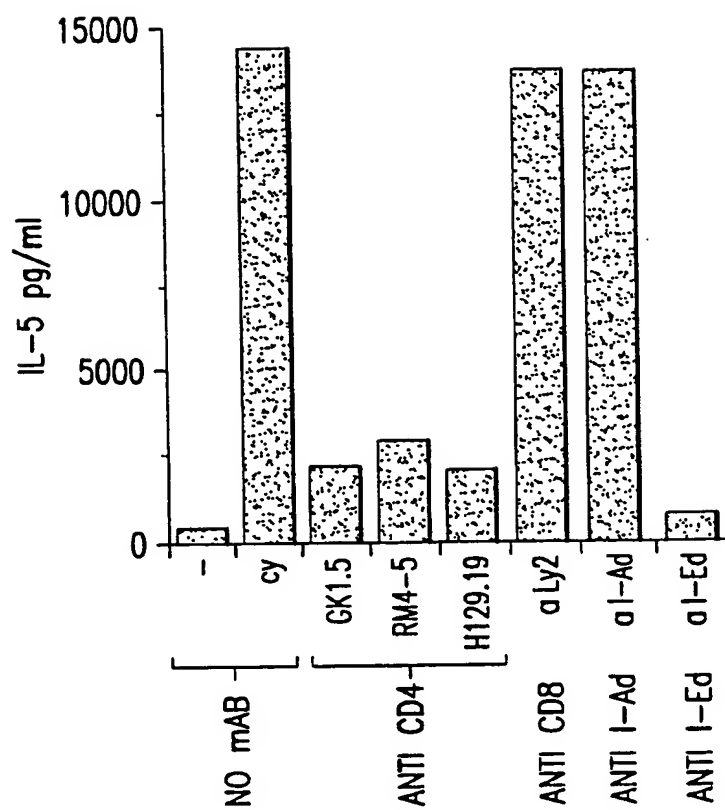


FIG.7

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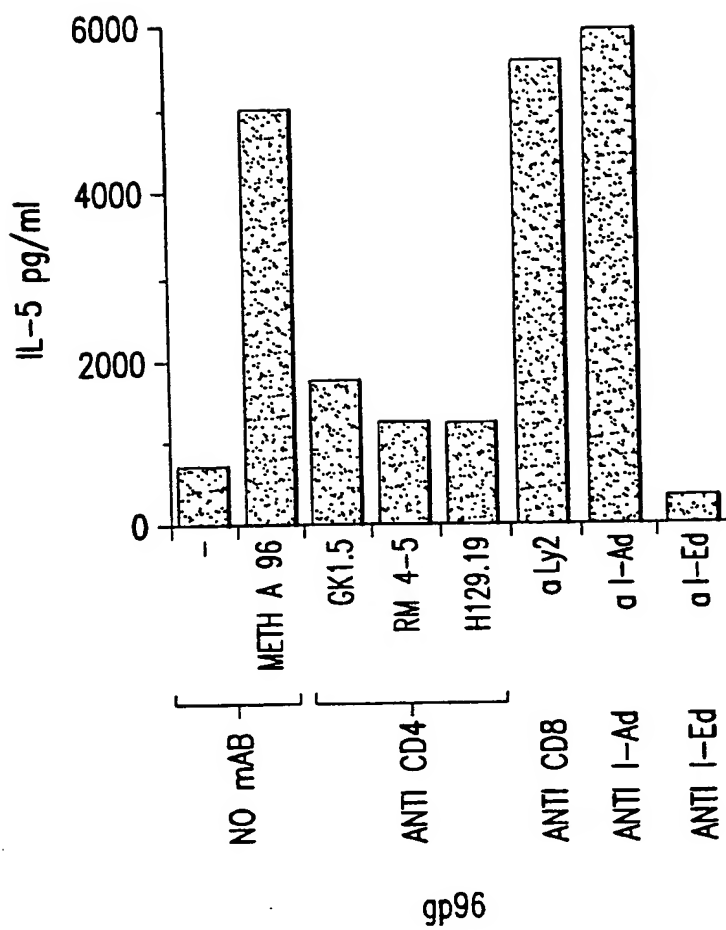


FIG.8

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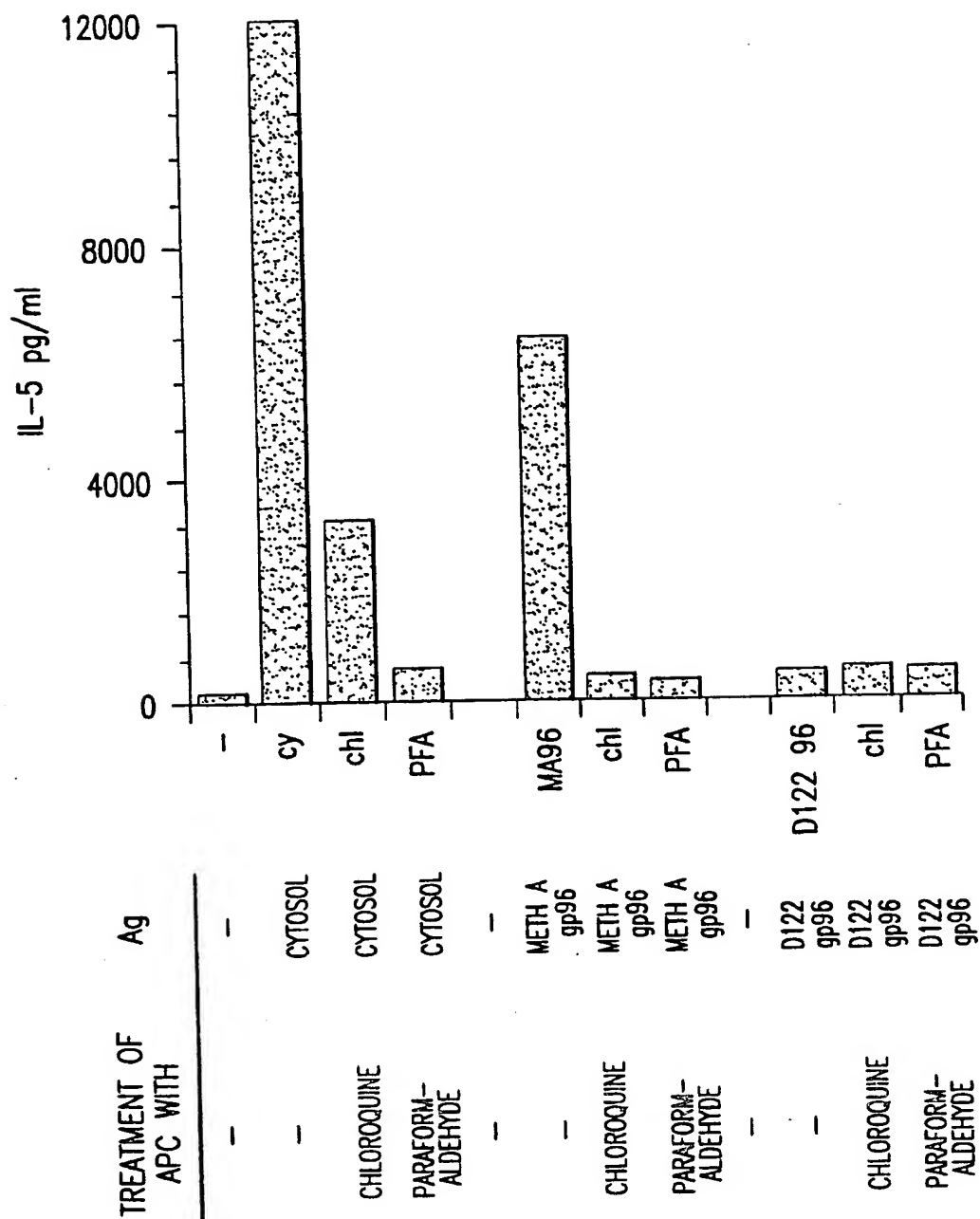


FIG.9

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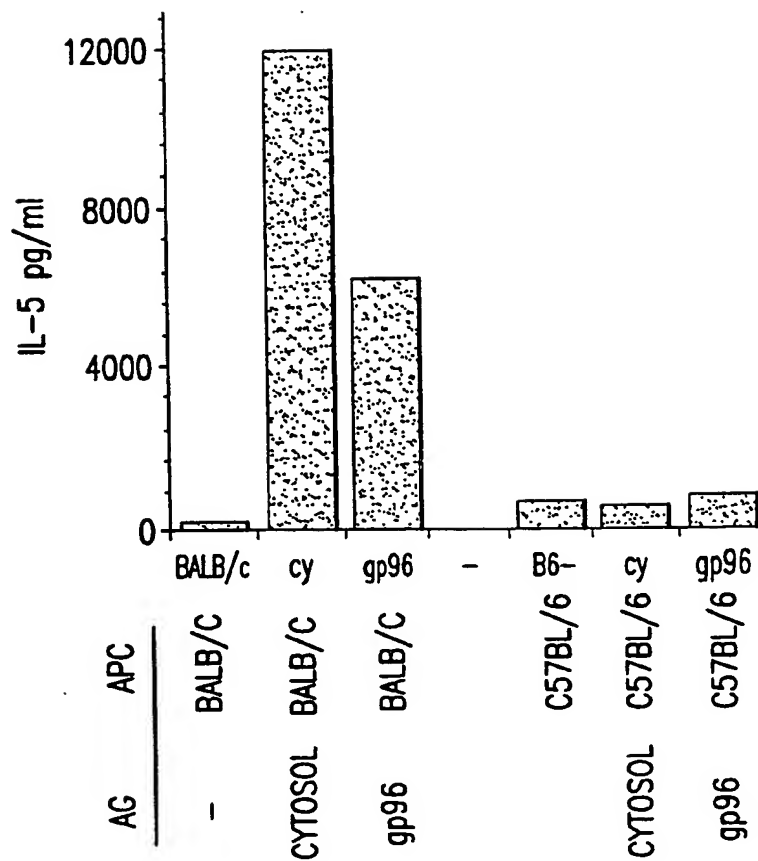


FIG.10

INTERNATIONAL SEARCH REPORT

International application No.
PCT/US99/22856

A. CLASSIFICATION OF SUBJECT MATTER

IPC(7) :Please See Extra Sheet.

US CL :Please See Extra Sheet.

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

U.S. : 424/184.1, 193.1

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)

medline, biosis, scisearch, embase, cancerlit, wpids, uspatfull

search terms: heat shock protein peptide complex; purified in vitro stimulation T cells; generation of.

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
Y	NAITO et al. Expansion of Tumor-Specific Cytolytic T Lymphocytes Using In Vitro Restimulation with Tumor-Specific Transplantation Antigen. Cellular Immunology. 1987. Vol. 108, pages 483-494.	1-54
Y	SUTO et al. A Mechanism for the Specific Immunogenicity of Heat Shock Protein-Chaperoned Peptides. 15 September 1995. Vol 269, pages 1585-1588.	1-26, 50-54 1-
Y	ULLRICH et al. A mouse tumor-specific transplantation antigen is a heat shock-related protein. May 1986. Volume 83, pp3121-3125.	1-54

☒ Further documents are listed in the continuation of Box C. ☐ See patent family annex.

* Special categories of cited documents:	*T* later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention
A document defining the general state of the art which is not considered to be of particular relevance	*X* document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone
E earlier document published on or after the international filing date	*Y* document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art
L document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)	*A* document member of the same patent family
O document referring to an oral disclosure, use, exhibition or other means	
P document published prior to the international filing date but later than the priority date claimed	

Date of the actual completion of the international search

02 FEBRUARY 2000

Date of mailing of the international search report

07 MAR 2000

Name and mailing address of the ISA/US
Commissioner of Patents and Trademarks
Box PCT
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Facsimile No. (703) 305-3230

Authorized officer

GEETHA P. BANSAL

Telephone No. (703) 305-3955

INTERNATIONAL SEARCH REPORT

International application No.
PCT/US99/22856

C (Continuation). DOCUMENTS CONSIDERED TO BE RELEVANT		
Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
Y	ZINKERNAGEL et al. Lymphohemopoetic Origin of the Immunogenic, Virus-Antigen-Presenting Cells Triggering Anti-Viral T-Cell Responses. March 1980. Clinical Immunology and Immunopathology. Vol. 15, pages 565-576.	1, 3, 7-54

INTERNATIONAL SEARCH REPORT

International application No.
PCT/US99/22856

A. CLASSIFICATION OF SUBJECT MATTER:
IPC (6):

AOIN 63/00, 65/00; A61K 38/00, 39/00, 39/38, 39/385; C12N 5/00, 5/02, 5/06, 5/08, 5/10

A. CLASSIFICATION OF SUBJECT MATTER:
US CL :

424/93.1, 93.3, 93.7, 184.1, 193.1, 194.1, 195.11, 196.11, 197.11; 435/325, 352, 354, 355, 366, 372.3, 373; 514/12, 21